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Senses and Sensibilities: The Practice of Care in Everyday Life in Northern Thailand

Abstract

This is a dissertation about care. Based on over ten years of experience with Southeast Asia and sixteen months of ethnographic research for this project, I address the issue of caregiving primarily from the perspective of those providing care at home for elderly people in urban Northern Thailand and from the vantage point of national and international public health initiatives aimed at supporting such endeavors. In turn, I use the intimate experiences of caregivers to interrogate the politics of aging, long-term care, and national identity. What emerges is an understanding of caregiving different from that of liberal humanitarianism and biomedicine alike. With a focus on social relationships and embodied care practices, I show how forms of attention, obligation, giving, and receiving in urban Thai settings do not always equate with their counterparts in standard global health accounts. Instead, local values are put into action with significant ramifications for the performance and promotion of care. I examine local and global techniques of power and care embedded in the growing number of volunteer organizations directed at the elderly. With attention to class, religion, and history, I trace the interpersonal, social, and political influences reflected in caregiver subjectivity and propose a distinctly Thai logic of psychosocial support that underlies the experience of the caregivers and aid workers with whom I worked. Examining family dynamics and the stories people tell about the future, I trace a new imaginary for long-term care at play, apparent at both the individual and the institutional level. And I develop the concept of the “*social body*,” arguing that attention to and care of the collective is crucial for making sense not only of the disorienting varieties of volunteerism marking the shifting ground of long-term and end-of-life care in Thailand, but also of the larger scale political upheavals afoot in that country today.

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With Gratitude, Felicity

Note on Transliteration and Pseudonyms

Unless otherwise noted, I use the Romanization scheme of the American Library Association – Library of Congress (ALA-LC) for transliteration of the Thai language.

Names have been changed to protect the privacy of the people in my study. Pseudonyms are marked by an asterisk (*) upon first use.

Introduction

An invitation to care

This is a dissertation about care. It is an ethnographic venture, based on over ten years of experience in Southeast Asia and sixteen months of field research for this project. Issues of caregiving unfold from the perspective of those providing care at home for dependent elderly people in urban Northern Thailand, specifically in the Chiang Mai municipal area, as well as from the vantage point of national and international public health initiatives aimed at supporting such endeavors.

Care for the elderly and the infirm is an integral aspect of community life – one that is quickly emerging as a central issue of our time. Epidemiological and demographic transitions, global economic forces, and new medical technologies are coalescing to increase many societies' long-term care needs. A political discourse of crisis is emerging around the world, as governments fashion international trade agreements that include provisions for the movement of care workers from lower- to higher-income countries and domestic programs try to meet the changing demands of citizens. And as has been the case for decades, if not centuries, the burden of physical care everywhere falls largely on families, women, and marginalized peoples.

Part of the larger context of this work then is the increasing prominence of elder care in Thailand, as demographers and global health organizations herald its coming status as an “aging society” – a category reserved for those countries with over 7% of the population over the age of 65. Countless programs are springing up across the country with the explicit purpose of

supporting those who care. Thus the caregivers with whom I worked included children and other relatives of the elderly, visiting nurses and other homecare workers, and the growing legions of volunteers organized by governmental and international aid organizations trying to brace for the anticipated age-related social change.

In these pages, I use the intimate experiences of caregivers to interrogate the politics of aging, long-term care, and national identity. What emerges is an understanding of caregiving different from that of liberal humanitarianism and biomedicine alike. With a focus on social relationships and embodied care practices, I show how forms of attention, obligation, giving, and receiving in this setting do not always equate with their counterparts in standard global health accounts. Instead, local values are put into action with significant ramifications for the performance and promotion of care. I examine the local and global techniques of power and care embedded in the growing number of volunteer organizations directed at the elderly. With attention to class, religion, and history, I trace the interpersonal, social, and political influences reflected in caregiver subjectivity and propose a distinctive Thai logic of psychosocial support that underlies the experience of the caregivers and aid workers with whom I worked. I develop the concept of the “social body,” arguing that attention to and care of the collective is crucial for making sense not only of the disorienting varieties of volunteerism marking the shifting ground of long-term and end-of-life care in Thailand, but also of the larger scale political upheavals afoot in the country today. And in the end, I turn attention to the future, tracing a “new imaginary” for aging and long-term care at play, apparent at both individual and institutional levels.

A lineage

In many respects, medical anthropologists have long been interested in care. But it is becoming increasingly clear that care itself has been under-theorized in the social sciences. In particular, assumptions about universal components of care have left the particular local values and political legacies inherent in the social relationships of caring unexamined. For example, in the literatures of nursing, medicine, philosophy, feminist ethics, and humanitarian intervention, “care” pivots on an understanding of caring as an internal conviction, a presence of mind and body that is attuned to the needs of others, only one part of medicine’s “dual discourse” of competence and care (Good and Good 1993, Good 1995). This standpoint reflects several definitions of care in the English language, including those aspects of the term pertaining to “attention,” as well as those related to feeling “concern” and/or “affection.”¹ By extension, true or ideal caregiving is care enacted with a particular type of attention to physical and emotional needs; what becomes clear in my work, however, is that the coordinates of such needs and their provision need to be more clearly parsed.

I start simply with the understanding that caregiving means providing for others. Such a broad definition by design omits *what* is provided, to whom, and in what context; and I make such omissions in order to highlight the variability of these conditions. Thus the parsing of caregiving correlates closely with long standing traditions in medical anthropology and in anthropology at large (both in British and American lineages). Providing for others involves

¹ The *Oxford Dictionary of English* entry for the verb “care” includes the following definitions: “feel concern or interest,” “feel affection or liking,” and “look after and provide for the needs of.” [“care *noun*” *Oxford Dictionary of English*. Edited by Angus Stevenson. Oxford University Press, 2010. *Oxford Reference Online*. Oxford University Press. Harvard University Library. 19 February 2012 <http://www.oxfordreference.com/views/ENTRY.html?subview=Main&entry=t140.e0124400>]

assessing their needs, so we have to understand “what counts” in context. This is an old anthropological question, reminiscent of E. E. Evans-Pritchard asking *what* exactly the Azande sought to explain through witchcraft (1937). We also need to understand the relationship between the caregiver and care recipient, including not only societal presumptions of obligation and appropriate relations, but also underlying notions of the “self” and processes of subject formation. Again these are old themes in anthropology, stemming particularly from the psychological roots of American anthropology (from Boas to Sapir to Hallowell and onward). And, given the avenues opened up by poststructuralism and critical theory, we have an imperative to understand care in the context of larger structures of power actively influencing these concepts, these relationships, and the values they reflect.

Thus a fundamental problematic of my work lies in the question of whether “caring” is a pan-human way of understanding the role of the caregiver, or if, instead, particular sets of emotional and practical ways of being with people, with specific historical lineages, can be differentiated as caregiving in various contexts. In turn, I push forward a phenomenological understanding of care that traces how social and political structures get embodied in practices of providing for others.

I am a product of the Harvard School of medical anthropology. In this sense, my work has deep roots in phenomenology and interpretive medical anthropology. In exploring topics of “care” and “caregiving,” I follow in the footsteps of many mentors – taking up issues Arthur Kleinman and Byron Good, among others, began to articulate in the 1970s (Kleinman, Eisenberg, Good, 1978), themes MaryJo DelVecchio Good has explored in terms of “medical

imaginaries” and the “biotechnical embrace” (Good 2001, 2007), and those ideas emerging from Kleinman’s most recent work based on his own experiences as a caregiver for his beloved wife, Joan Kleinman, through a long and protracted illness (Kleinman 2007, 2008, 2009, 2010, 2011).

Among his recent contributions, Kleinman has categorized core tasks of caregiving, including: the physical tasks of practical assistance, the protection and acknowledgement of the care receiver’s humanity, the provision of relational and emotional support, and the moral aspects of the care relationship. My work provides the ethnographic basis for understanding the coordinates of these categorical tasks in practice in Thailand. I worked alongside people as they went through arduous care routines – the bathing, the changing, the diapering, the turning, the propping, the powdering, the massaging, the medicating, the feeding – multiple times per day; and I witnessed the integration of such tasks into everyday responsibilities, including the laundry, the meal preparation, the house cleaning, the trips to the doctor, the regular tasks of wage labor, and all the unexpected bits of daily life that intervene. As part of the stream of interpretive medical anthropology, I examine lived experience, meaning making, and the values that inform people’s caregiving interactions. In turn, I am reformulating what caregiving entails, articulating a particular lineage of care in Thailand. Throughout this dissertation, I ask, what counts? What values are being enacted? What are the ideals on the ground, and what are the constraints? Therefore, alongside interpretive medical anthropology, I am also asking questions in line with those of critical medical anthropology, which takes very seriously macrosocial forces, as well as questions from the branch of medical anthropology concerned with global health and implementation science: what assumptions about care are embedded in intervention models, and how do those assumptions interface with people’s lived experience?

Chapter overview

In Chapter 1, *The Ordinary and the Profound*, I describe the everyday realities of long-term caregiving tasks. What emerges is the embodied nature of care and care work, with bodies learning and performing mundane activities for the maintenance of other bodies. These acts, I argue, can productively be understood as the routine action of ritual. As repetitive processes, they enact interpersonal, social, and symbolic functions by their performance alone. The meaning underlying this work, when it is ascribed, involves ideas of merit and karma, reflecting core social values that begin to reveal the appropriate coordinates of what Arthur Kleinman calls the moral basis of caregiving in this context.²

Chapter 2, *Volunteers and the Spirit of Caring for the Elderly: A History of Pity, Class, and Gender in the City*, examines the manifestation of these moral coordinates of caregiving in the form of volunteer activities and the organizations that promote such work. Here I review the history of volunteerism in Thailand – distinguishing among governmental, nongovernmental, and emergent “network-based” civil society volunteer organizations – in order to understand the social processes involved in the implementation of contemporary volunteer efforts aimed at supporting dependent elderly people in their homes. Class, gender, religion, and power are central themes throughout – though in the final analysis, I argue that, despite attempts to build a new base of volunteer caregivers, complete with allegedly new motivations for social action, a common moral core persists across time and across all manners of organized social support.

² See Kleinman 2007, 2008, 2009.

The values inherent in caregiving practice in urban centers of Thailand sustain particular patterns of interactions, readily apparent in “care of the caregivers.” Working with people caring for dependent elderly family members, as well as the volunteers who served them, I came to recognize forms of emotional support provided through indirect channels. Chapter 3, *Don’t Ask, Don’t Tell: A Thai Logic of Psychosocial Support*, discusses how people attend to one another, and how they seek and provide support for life’s challenges, from common everyday woes to major traumatic upheavals. Key aspects of this logic include distraction from suffering and an intuiting of the needs of others, predicated on hierarchical social relations and underscored by notions of karma and merit. As I discuss efforts to change such relational norms and encourage new forms of emotional sharing in the face of terminal illness, I raise a series of questions about the phenomenological, social, and political ramifications of my claims, asking: What is the nature of the presumed subject here? Why are new modes of subject formation being championed right now in the Thai context? And to what effect?

In order to fully engage these questions, I turn to an exploration of social relations in a broader context. In Chapter 4, *Perceiving the Social Body: A “Practical” Phenomenology for Care in Larger Context*, I develop the concept of the “social body” as both a metaphorical representation of hierarchical social relationships as well as the material embodiment of social and political structures in practices of engaging with others. I trace the symbolic coordinates of groups that correspond to underlying conceptions of individual bodies, as well as the habituated means of *perceiving* as part of a collective. I argue that conventional Thai social interactions involve active attention to and *care of* the “social body,” in which differential roles are necessary for group functioning and only certain individuals can act as the “face” of the body at any given

time. Ethnographic descriptions of social interactions in public and semi-private arenas, with attention to bodily comportment and verbalized status markers, depict the spontaneous and embodied root of moral action in these contexts. However, the values thus enacted challenge ideals of distributive justice, as care of the “social body” often includes the reproduction of hierarchy and the justification of unequal power and resource distribution.

Returning then to the lived experience of volunteers and family caregivers, I take a closer look at the issues of structural violence raised by such an account of Thai society. Chapter 5, *Theodicy, Structural Violence, and Demographic Change in Thailand’s “Aging Society,”* codifies themes of religious ontology, knowledge and power claims, and governmentality raised implicitly and explicitly throughout the dissertation. Theodicy, as depicted in popular programming and reflected in stories and interactions, underscores the integration of personal belief and systems of governance. “New” forms of subjectivity are shown to be rooted in a pattern of debate within Thai Buddhism that has been documented for decades. In the midst of such a great deal of national and international attention on aging populations, volunteer movements, and political protest in Thailand, I provide a handle for assessing underlying currents to these larger population level trends – and how they mattered for the people with whom I worked. Although the future of these trends is not yet clear, I argue that by and large people are complicit with the structures and processes that bind them, thus suggesting the barriers to social transformation as well as possible turning points.

Finally, in Chapter 6, *Families, Futures, and Fantasies: Of a New Imaginary for Long-Term Care*, I examine the future that a subset of my informants saw on the horizon. The

“medical imaginary” (Good), economic pressures, and long held values conspire in what I call a new imaginary for old age and long term care for these middle-aged people – volunteers, family caregivers, and professional health care providers alike. Imagined communities, as depicted in personal accounts and reflected in current strategies of social change promotion, force a recognition of the limits of family allegiance and ultimately underscore the power of narratives of the future to shape the lived experience of today.

Senses and Sensibilities

This dissertation’s main title comes from Jane Austen’s novel *Sense and Sensibility*. It was Austen’s first novel; published in 1811, it tells the story of two sisters who engage with the world in radically different ways in the midst of upper-class English society. Elinor Dashwood, the eldest of three, remains reserved even in the face of great suffering, while her younger sister, Marianne, enacts every emotional tumult with great passion and drama.³ The similarities as well as the differences between this pair provides an important foil for exploring cultural patterning and social dictates, as well as all that is implied regarding internal experience therein.

In order to set up my use of these terms, it is necessary to understand both what Austen meant by her title and the change in emphasis I hope to impart by its use in the plural.

Literary critics agree that Elinor, with her controlled behaviors and strict regard for social decorum, represents the “sense” of the title. Marianne, with her passionate outbursts and unmediated emotionalism, represents the “sensibility.” Heartbreak is the platform upon which

³ These roles are not set throughout, and to some extent one sees the two women adopting elements of the other’s model by the novel’s end.

their differences and similarities are best illuminated: Marianne falls gravely ill as a result of love lost, while her sister Elinor stoically suffers a similar devastation. In some ways the novel can be read as a critique (or possibly a parody) of the romanticism popular at the end of the 18th century; but for my use of the book, the intricacies of the historical context are less important than the evidence it provides of competing social norms – and the internal experiences the narrator suggests for both.

Austen describes Elinor as sensitive in all ways, though armed with polite manners that mask her internal positions. The difference in this regard between Elinor and both her mother and her sister Marianne could not be clearer:

Elinor...possessed a strength of understanding, and coolness of judgment, which qualified her, though only nineteen, to be the counselor of her mother, and enabled her frequently to counteract, to the advantage of them all, that eagerness of mind in Mrs. Dashwood which must generally have led to imprudence. She had an excellent heart; her disposition was affectionate, and *her feelings were strong; but she knew how to govern them*: it was a knowledge which her mother had yet to learn; and which one of her sisters had resolved never to be taught. (Austen 1811).

Clearly the contrast between these women is not completely stark. They all are said to have strong *feelings*. Elinor, for her part, seems to represent an older norm of polite society in which valor is embodied by following social dictates rather than one's "heart".⁴ For her, the exterior cannot be taken as a map to the interior.

⁴ Elinor's sense was not at first completely intelligible to Marianne. Early on, she accuses her sister of being "guided wholly by the opinion of other people" – as if "our judgments were given us merely to be subservient to those of neighbors." Elinor quickly corrects her sister, revealing her maintenance of a familiar internal landscape. As she declares, "My doctrine has never aimed at the subjection of the understanding. All I have ever attempted to influence has been the behavior. You must not confound my meaning" (Austen 1811). Thus the exterior cannot be taken as a map to the interior.

In this dissertation, I argue for a Thai logic of psychosocial support that resembles in some respects Elinor's pattern of placid public behavior. Yet the cosmological underpinnings of behavior in the Thai context raise serious questions as to whether we can assume an internal volatility akin to all the Dashwood women. Thus questions of subjectivity arise without easy answers – though history, religion, psychology, and social hierarchy all necessarily enter the discussion.

The frame I choose here is the plural “senses and sensibilities,” rather than Austen’s wordplay in the singular. “Sense” for Austen is manifest both in Elinor’s selfless deployment of social graces as well as in other characters’ cleverly restrained actions geared for self-promotion.⁵ Thus intelligence or mental faculties underscores Austen’s use of “sense” – the ability or breeding to know what is appropriate for a given situation and the rational enactment of “proper” behavior. In the plural, other perceptions – sight, touch, smell, hearing – are brought into play. As will be emphasized in the first chapter, multiple senses are deployed in the acts of caregiving; at times, rational thought in fact takes a backseat to other sense doors and their corresponding directives. Further, with the plural I also hope to underscore the possibility of multiple ways to govern one’s behavior, contingent on social, historical, and cultural factors.⁶

⁵ Lucy, for example, demonstrates similar restraint in keeping her engagement to Edward a secret; but after her lucrative marriage to Edward’s brother, we see Lucy’s sense as a clever manipulation of the social world for her own ends.

⁶ “Sense,” for Austen, is not without a moral component, and individual motivation matters. As the novel progresses, and morally impaired characters get ahead through self-serving manipulations and half-truths, one can read a commentary on the failings of high society; but in the end, happiness is the reward of the truly noble – those who employ their good sense without self interest. Here we have the workings of theodicy akin to what I describe in the Thai context in relation to karma and merit, complete with the notion that time will tell who is deserving of social validation and reward, and who is not.

“Sensibility,” as Austen employs it, is an old term, and one perhaps somewhat outdated. According to the *Oxford English Dictionary*, “sensibility” was understood in the 18th and early 19th century (and afterwards only “somewhat *rarely*”) as the “capacity for refined emotion; delicate sensitiveness of taste; also, readiness to feel compassion for suffering, and to be moved by the pathetic in literature or art.” This definition speaks to the type of Romanticism that Austen critiques through her depiction of Marianne and Willoughby in the novel, the characters most vocal in their emotional tumult and most impetuous in their actions. In a broader sense, sensibility is defined as “quickness and acuteness of apprehension or feeling; the quality of being easily and strongly affected by emotional influences” – and it could be argued that both Dashwood sisters are sensitive in this fashion. In the plural, then, the term “sensibilities” – or “emotional capacities” (*OED*) – emphasizes the range of internal experiences possible, or the multiple ways in which internal reactions to one’s environment might arise.

The practice of care

In the subtitle, “the practice of care” invokes Pierre Bourdieu, foreshadowing my use of Bourdieu’s theory of practice (and the theoretical architecture in which it is embedded) as a way of moving from care of individuals, and between individuals, into a broader frame of general relations in society as a whole. In this way, the practice of care signals my linking of post-structural analysis to embodiment.

Bourdieu’s overarching understanding of reflexive sociology provides a roadmap here for my impulse to outline the “rules of the game,” if you will, with the understanding that these rules

are not fixed.⁷ As Loic Wacquant explains, “the unsettling character of Bourdieu’s enterprise stems from its persistent attempt to straddle some of the deep-seated antinomies that rend social science asunder, including the seemingly irresolvable antagonism between subjectivist and objectivist modes of knowledge, the separation of the analysis of the symbolic from that of materiality, and the continued divorce of theory from research” (Bourdieu and Wacquant 1992, 3). My work is striving to capture something distinctly “Thai,” even while understanding the constructed nature of all that is Thai and the contentious debates internal and external to such a categorization. I focus on the “primacy of relations” in social analysis, particularly as I move to render the “social body” both as a metaphorical model and a mode of perception and form of embodiment.

Bourdieu’s concepts of *habitus* and *field* as “*designated bundles of relations*” provide a useful orientation for the pages that follow:

A field consists of a set of objective, historical relations between positions anchored in certain forms of power (or capital), while habitus consists of a set of historical relations “deposited” within individual bodies in the form of mental and corporeal schemata of perception, appreciation, and action. (Bourdieu and Wacquant 1992, 16).

As the work as a whole should make clear, a field in this sense “is not a dead structure, a set of ‘empty places,’ as in Althusserian Marxism, but a *space of play* which exists as such only to the extent that players enter into it who believe in and actively pursue the prizes it offers” (Bourdieu and Wacquant 1992, 19). Struggle certainly is possible, and an overarching goal of this

⁷ The “deep structure” to which Bourdieu attends is not invariant, as with Chomsky and the like, but rather is “historically constituted, institutionally grounded, and thus socially variable, generative matrix” (Bourdieu and Wacquant 1992, 19).

dissertation is to describe some contemporary attempts to change social dynamics.⁸ Class, hierarchy, religion, and gender are discussed throughout as factors in the general field of Thai social relations, as well as in more specific subsets of public and semi-private interactions. Perceptions, appreciations, and actions are also taken up in their own right, with attention to lived experience. Phenomenological descriptions here do suggest a logic, though it is admittedly the “fuzzy” logic of practice theory: “As a generative spontaneity which asserts itself in the improvised confrontation with endlessly renewed situations, it follows a *practical logic*, that of the fuzzy, the more-or-less, which defines the ordinary relation to the world” (*ibid.*, 22).

In everyday life

The full subtitle, “The practice of care in everyday life in Northern Thailand,” speaks to the central argument of the dissertation. It includes not only an allusion to Bourdieu, but also a direct play on Erving Goffman’s famous monograph, *The Presentation of Self in Everyday Life* (1959). My focus on care includes notions of self as well as social relations – at the interpersonal, group, and national levels. While Goffman emphasizes the dramaturgical aspects of self-representation, I alter his title to avoid any possible theatrical construal of my words that might render even the most set social patterns as a façade. However, as will become clear in Chapter 1 in relation to ritual actions, performance here is much more important than internal belief. Thus the link with Goffman is not spurious. Moreover, many of my ideas stem from Goffman’s “face work” (1967) and it is in conversation with notions of face that I arrive at the importance of understanding the social body in the dynamics of care.

⁸ As Wacquant describes: “In the course of these struggles, the very shape and divisions of the field become a central stake, because to alter the distribution and relative weight of forms of capital is tantamount to modifying the structure of the field. This gives any field a historical dynamism and malleability that avoids inflexible determinism of classical structuralism” (Bourdieu and Wacquant 1992, 18).

Finally, I invoke Goffman because of the playfulness in which he enacts his social theory. He offers up multiple angles from which to view the social world: not claiming any one of them to be the ultimate truth, but rather lenses through which different aspects of reality come to the fore. It is in that spirit of play and curiosity that I put forward this dissertation – asking questions of everyday life as a means of understanding life on life’s terms and as a hopeful indicator of human possibility.

Chapter 1. The Ordinary and the Profound

Ek appears at the top of the landing and gingerly descends the polished wood steps, his broad shoulders and back straight as he balances the small frame of his 85 year old mother-in-law, who lies, wrapped in a Chinese-style red satin blanket, draped over his arms. He passes quickly through his wife's sewing shop, which occupies the first floor of their three-story Chiang Mai shop house, through the glass door façade, and down to the truck out front. Pillows line the flatbed of the pickup, waiting to take the old woman to her scheduled appointment at the district hospital. Ek exchanges a few jokes, heavy with political undertones, with his brother-in-law as their wives make a few final adjustments to the makeshift traveling bed. There is a brief reconfirmation of the trip's expected timeline (8 pm return if everything goes smoothly, much later if a blood transfusion is required). Room is made in the cab for the anthropologist tagging along. And then the monthly caravan is off, the old woman in the back with one of her daughters and her daughter-in-law, her eldest son at the wheel.

What do Aom, the old woman's eldest daughter, and Ek, her husband, do while the others are gone? Aom sits back down to her sewing table, Ek heads back out to his garden plot, or they spend some time with their 13 year old daughter Nok, enjoying the now rare time they have as a nuclear family alone. Do they cherish this time? Do they feel a relief as the truck pulls away and leaves them without the immediate burden of care for these short hours? I can only guess, for my questions later will most often be met with laughter and vague answers about how it is they continue with everyday work.

Certainly, there is always work to do. It never seems to end. Aom and her sister Ying are up every morning at daybreak. Soon they will sweep the house from top to bottom, spray and wipe the front glass, clean the stoop, water the plants, do the laundry, and begin lunch preparations. But, first, the faucets must be turned on, allowing water up to the second floor bathroom where buckets are prepared for their mother's morning bath. There, on a low wooden platform on the far left side of the room, their mother has lain, save for the monthly trips to the hospital, for nearly three years.

The room is sparsely furnished – the bed, a log table with four wooden benches crowded around it by the window facing the street, a desktop computer on the far right by the stairs, and a glass wardrobe with samples of Aom's fashionable creations of old. The motor of the air mattress provides a constant hum day and night, sometimes accompanied by syncopated rhythms from the overhead fans. The center of the room is empty, providing space for the tables, supply bins, and buckets brought to the old woman's bedside four times per day, as well as space for Ying's bedding each night.

When Tatsanii – also known as Yai or Khun Yai, meaning Grandmother¹ – first became ill, the room was filled. Aom, Ying, their younger sister Kannikar, Kannikar's two young children, and several aunts and cousins all made their bed around the family's matriarch. The air was jovial, and the gathered women spent the nights talking and often laughing, sharing the new tasks of caregiving and the merit that is gained by such work. They were perhaps all waiting for the anticipated, the inevitable, the passing of the beloved 80-some-year-old grandma.

¹ Tatsanii, like many elder Thai women, is referred to by kin and strangers alike as Yai or Khun Yai, meaning maternal grandmother.

The story is a familiar one. Tatsanii had been active and talkative, going about her business, keeping tabs on her 10 children and sharing the family compound with her husband. Then, one November morning, she fell. She convulsed. The family rushed her to the hospital. As her body contorted, the right side of her bending at the knee and wrist and elbow, the medical staff sent a tube down her nose to provide her the nutrients she was no longer able to accept on her own. After weeks of remaining an in-patient without change, the medical team packed her up and, with some instructions for the three daughters, sent her home. Ek generously urged the family to bring her to their second floor, a more modern dwelling built next to her old wooden house. So there she went, and there she had stayed. And stayed. And stayed.

As time has passed, the situation has become ordinary, however unsettling the state of affairs may seem to outsiders witnessing it for the first time. It is this very ordinariness that I seek to explore in this dissertation, for within the ordinary lies the profound.

CAREGIVING IN CONTEXT

As stated in the *Introduction*, care for the elderly and the infirm is an integral aspect of community life – one that is quickly emerging as a central issue of our time. The intimate experiences of caregiving have perhaps always reflected human needs and realities, even if often somewhat invisible in social accounting.² However, in recent years, developing suitable and sustainable long-term care strategies has become a top priority in many nations. Thailand is a

² Care scholars have long noted the invisibility of care work in economic terms and social valuations. For reviews of key issues, see: Meyer, 2000; Boddy, Cameron and Moss, 2006; and Brechin, Walmsley, Katz and Peace, 1998.

prime example of the epidemiological, demographic, economic, and medical changes that are feeding political discourse of crisis fueling such priorities.

Soon to be officially dubbed an “aging society,” Thailand is home to a generation of family planning efforts (beginning in the early 1970s) that have reduced typical family size from ten children to two, while medical advances have increased life expectancy by about a decade in as much time.³ Older people are facing the prospect of dependency without a traditional safety net, as young people are forced to work outside the home to support their families and no longer have a large sibling base with whom to share the responsibilities of providing both monetarily and physically for their elders. Myriad governmental and nongovernmental programs are springing up with the explicit purpose of supporting those who provide long-term care, and international humanitarian interventions are increasingly focusing attention on these and related problems (see Sutthichai et al. 2001).

What are we to make of this situation? It is said that, given the world’s aging populations, nearly every person alive now has been, currently is, or in the future will be in need of a caregiver. Our own personal experiences then tend to influence our judgment of others’ situations, for better or worse. What’s more, with aid programs and intervention strategies flowing overwhelmingly from rich to poor, industrialized nations and elite circles are increasingly establishing the framework in which “care” is understood. Thus, a particular set of

³ In global health parlance, an “ageing” society is one in which over 7% of the population is over the age of 65. See Nongluck Pussayapibul et al. 2009 for details, including designation criteria as enumerated the International Monetary Fund as an “ageing society.” See John Knodel and Napaporn Chayovan 2008 for details on Thai trends.

values and sentiments is presumed to be relevant for caregivers everywhere. But are all caregiving experiences truly recognizable along these lines?

A fundamental problematic of this dissertation lies in the question of whether “caring” is a pan-human way of understanding the role of the caregiver, or if, instead, particular sets of emotional and practical ways of being with people, with specific historical lineages, can be differentiated as caregiving in various contexts. A key feature of “modernity” complicates answering such a question: namely, the modern tendency to define and thereby create tradition.⁴ “In the old days,” it might be said, family members took care of one another, and so forth. Such is the case in Thailand, where one hears time and time again – in government agencies as readily as in kitchens and temple halls – how children used to take care of their parents, but now “throw them away” to be cared for in institutions or by strangers (despite demographic studies to the contrary).⁵ The moral fabric of society is thus seen to be eroding, particularly in cities. In turn, rural communities are imagined to be unscathed by modernity’s march, and romantic notions of the caring villager underpin policy platforms and public health initiatives. The physical care provided by children is promoted, by and large, as ideal.⁶ And from foreign perspectives, the struggles that accompany family care are imagined as a burden with particular emotional valences requiring a host of supports.

⁴ For a review of the idea of the invention of tradition, or the notion that modernity relies upon created history, see Dirks 1990 and Mitchell 2000. For more particularities on the tracks modernity takes in Thailand, see Tanabe and Keyes 2002.

⁵ See as examples Kamol Sukin 2007, and John Knodel & Napaporn Chayovan 2009.

⁶ See Thanee Wongyannava 2008 for an historical account of the increased presence of the state in the Thai family, particularly through the promotion of familial warmth and love.

The question is not whether Thai people have an alternative way of understanding care – for to generalize on such a level is to miss the tensions between and among elites and commoners, urban and rural dwellers, men and women. Nor do I want to paint a picture of a monolithic American or Western standpoint because the lived experience of caregiving in those contexts has yet to be adequately fleshed out and theorized as well. Nevertheless, it is possible to state that caring pivots in the literature of nursing, medicine, philosophy, feminist ethics, and humanitarian intervention on an understanding of caring as an internal conviction, a presence of mind and body that is attuned to the needs of others, only one part of medicine’s “dual discourse” of competence and care (Good and Good 1993; Good 1995); by extension, true or ideal caregiving is care enacted with attention to physical and emotional needs, performed with (or because of) an empathy that stems from appreciating the experience of another, and bringing about a communal experience that is meaningful to all parties. That is how the distinction can be made between “technicians” and “practitioners,” the former a professional caregiver who fails to bring appropriate attentiveness and sincerity to their craft (Benner 1994, 58). Such a division is seen as a “crisis” in the American healthcare system, and a great deal of energy is being spent trying to stem the deleterious effects it engenders.⁷

What exactly happens on the ground in caregiving situations? How do caregivers imagine their roles and describe their experience? What is at stake for people as their everyday lives are re-oriented by caregiving? How do people meet the often conflicting demands on their time and

⁷ There are fascinating movements afoot in the Thai medical humanities that cite a “Thai basis” for a medical system that does not fall prey to the classic “care/competence” divide. Atomistic reductionism is understood as the basis of modern medicine but is integrated in a larger Thai epistemological framework. (See, for instance, Komatra Chuengsatiansup 2007.) Future work could explore the validity as well as the “Occidentalism” present in such accounts.

identity in the face of providing care full time? And how do their intimate experiences relate to narratives of long-term care at national and international levels?

In this chapter, I provide a glimpse into the everyday realities of long-term caregiving tasks. What emerges is the embodied nature of care and care work, with bodies learning and performing the mundane activities of maintaining other bodies. These acts, I will argue, can productively be understood as the routine action of ritual. Toward that end, I will contrast a “sincere” frame of reference – an orientation like that sketched above, in which internal conviction necessarily underlies right action – with that of “ritual,” whose repetitive proceedings enact social, interpersonal, and symbolic functions by their performance alone. The ritual quality of the caregiving experience of Ying and Aom, and others like them, reveals the appropriate coordinates of what Arthur Kleinman calls the moral basis of caregiving (see Kleinman 2007, 2008, 2009) – opening up a host of questions for this dissertation about the resultant interpersonal, social, and political aspects of providing care in this context.

ROUTINES AND RESEMBLANCES

The faces in the hospital alert you. Not the individuals, but the pairs, or those grouped in threes and fours. They sit in the chairs lining the waiting room walls, often staring vacantly – the fixed look of those waiting for the inevitable, the unspeakable. There you see the same slope and shape of a nose repeated down the line, the same contour of face duplicated in mother and daughter, in father and son, in sisters patiently sitting together. Do the children look over to see a mirror of their futures in the wrinkles of their parents’ faces? What does love and devotion look

like? What does obligation and responsibility look like? And do these elements somehow physically draw us in more strongly when it's an image of our future selves requiring aid?

Between Tatsanii and her children, it is harder to see the resemblances. Perhaps that is because she lies shriveled, bent and unmoving – no clues from inherited gestures linking the generations. Or perhaps it is because I have become so intertwined with the family – just like I cannot see the lines of my face in my mother's, though everyone says they are there.

On this particular hospital visit, Ying is hovering over her mother's gurney. It seems both a protective and performative stance, eager as she is to play the primary caregiving daughter – and earn credit and respect for such a role. Hospital visits are fairly routine, and the family no longer questions the utility of going to see the doctor, if they ever really did. We are waiting in a hallway, a slim corridor leading to an open window with some doors into examination rooms scattered along the hall, waiting to be called into the neighboring Emergency Room for Tatsanii's feeding tube to be changed. As a foreigner, sometimes I am permitted to stand closer for this change than is usually allowed. In so doing, I try to glean some staff perspectives on her case. Could the family possibly change the tube themselves at home? (No, of course not, it must be performed by a nurse.) Is there any program whatsoever that could make home visits, and so spare them the arduous trip to the hospital? (Some say "no," some say "yes, of course," followed by the list of public programs available – all of which we've already petitioned, to no avail.) Some practitioners are rougher than others. With a choke and a moan, the old discolored tube is yanked up and out – longer somehow than seems possible for this four-foot-long woman in the

bed – and a new one inserted. In a flash, it is done, and I am left wondering why it was necessary to come.

Of course, there is another round of testing to be performed before we are dismissed. Our caravan – Ying; her eldest brother, Jidtuporn; Jidtuporn’s wife, Dee; Tatsanii (or Khun Yai) on her wheeled gurney; and I – proceed to another hallway to await the results of the blood tests. Tatsanii’s blood had been hastily drawn when we first arrived, the nurse missing the vein several times before succeeding in bringing the burgundy liquid into her vile. Each time her needle flailed and missed its mark, the old woman’s face would pucker and she would moan in the one deep-throated tone she is still able to produce. This moan haunts their house throughout the day and night, though often there is no direct correlation between some outside stimulus and her seeming complaint. But here, in the hospital, it is an uncanny reminder that this woman does hold some connection to our world, however difficult or painful that is to imagine.

Word finally arrives that the old woman does in fact need a blood transfusion. I am taken aback – even though I knew this happens fairly frequently, I had yet to witness the call in person. What could be the use of putting this old body through such an intervention?, I wonder. Moreover, why hasn’t anyone in the family mentioned to the staff that Tatsanii has been sick with diarrhea for the last several days? Would that alter the decision to subject her to the hours it takes to infuse her with two bags of blood?

I take it upon myself to talk with the nurses about the case. The eldest of the harried nurses in the small blood transfusion unit agrees to print out the details of Tatsanii’s test results.

It is vaguely explained to me that an iron deficiency makes the procedure required. But while Tatsanii has no trouble procuring the blood necessary for this work, acquiring a designated bed among the privacy screens is another story. Instead, her bed is put against the wall near the nursing station and, once the nurses get back from break, she is prepped there.

A flourish of activity ensues. Ying has insisted that the old woman needs to eat dinner, it now approaching 8 pm. Jiduporn appears with milk, and Ying gets a hold of a beaker to plug into the feeding tube. Ying attaches the feeding apparatus and sends down two snack boxes of the milk, one after the other. We straighten the red blanket from home over the woman's small frame, and then we head out, ourselves, to eat some dinner at a stall down the road a short walk from the hospital.

The mood is light along the way and throughout the meal. It is routine, and no one seems overly concerned. Once we are back at the hospital, we set up camp, so to speak, in the open air lobby of the hospital's main entrance. Dozens of other families share the space among the connected rows of low-slung light blue plastic chairs; nearly all eyes are turned upward to the televisions hung from above the cashier and pharmacy counters. The evening's most dramatic soap operas are on, and it is hard to tear my eyes away from the lovers' betrayals and supernatural visions to observe what is happening around us. A young pregnant woman in a long pink maternity dress slowly lowers into a nearby seat as her fresh-faced husband approaches the counters to fetch a bag of medications and to settle their bill, while, on the screen above, a woman screams and falls to the ground. Behind our backs, lines of young, white-coated attendants wait to assist those arriving by emergency vehicles or make-shift beds like ours

fashioned in the back of pick ups, just as the woman on TV is escorted to a homey hospital room on screen.

Ying and I somehow tear ourselves away from the scene to check on Khun Yai. She lies where we left her, under the bright glare of fluorescent lights glinting off her red satin covering. She is alone and unmonitored, but all seems well as the first bag of blood slowly drains into her arm. (Was there a faint smell of a dirtied diaper? I cannot be sure, and do not think about it too much, as I am feeling lazy and the prospect of changing a diaper strikes me as a major hassle.) I wonder if I would leave a friend or family member's bedside under such conditions in an American hospital (deciding most likely not), but the call to go with the flow (not to mention the soap's storyline) brings me back to the waiting room.

Back in the lobby, time passes. A soldier arrives, carried on a stretcher flanked by a raucous crew in camouflage fatigues. The TV drama takes a serious turn as a neatly manicured woman battles a ghost that only she can see in a shopping mall parking lot. Jiduporn asks me about America, about salaries and working conditions. Jiduporn's face is animated, a rounder and plumper version of Tatsanii's face. I wonder whether he has inherited his style of social engagement from her, or how the two of them might have interacted. We then meet another sister-in-law (who works at the hospital) and her child. They, too, chat with us jovially before departing for home. After they leave, Ying leans over and whispers conspiratorially of their back-story. This woman, now heading home, is in fact one of two of Ying's playboy brother's current wives. Perhaps to tell me juicy details, or perhaps just for a change of pace, Ying and I head back off to check on her mother.

We joke down the corridors, she grabbing my hand to lead me the way we've tread now many times before. At first glance, everything seems status quo with Khun Yai. But as we near her bed, I begin to smell the distinct odor of wet feces – not the strong but flat smell of solid waste, but rather the pungent tang of a sick bowel movement. My heart drops in my chest as I notice, even before we pull back the cover, dark stains seeping through patches of the bright red cloth.

It is a disaster. The old woman's body lies as usual, crimped at the elbows and knee in familiar fashion. It was a Tuesday, and Tatsanii had been neatly dressed according to the Thai astrological color of the day. Her light pink sleeveless rayon cotton shirt matched the darker tones of magenta in her paisley *phā thung* (ผ้าถุง, a common rectangle of cloth worn as a skirt, like a sarong), both pressed earlier in the week by Ying standing over the ironing board in the middle of their sewing shop. A small change purse with a few coins had been zipped into one of the side pockets of her blouse, in case she should pass away and need passage fare in the afterlife. Two flat adult diapers had been lain underneath her *phā thung* and folded together across her body, fastened with two giant safety pins, one at her hip, the other just above the bent knee. Like many in a similar situation, the sisters have found that fastening a diaper around her crotch is awkward and ineffective, and in general this system allows maximum coverage area along with neatest presentation. But on this evening, perhaps nothing could have stopped the flood. Her blouse is bunched up around the top of her skirt, wet and dark brown at the bottom edges. The smell overtakes me, and I choke a bit as I scan down her skirt, darkened patches evident at the folds, to her dainty bare feet, also now tinged with brown at the ankles.

My mind flashes to her milk dinner. Ying and I exchange looks as the situation sinks in and we spring to action. She scurries off to tell her brother and sister-in-law – together they go off to buy diapers, toilet paper, latex gloves, a plastic bowl for water, and soap solution – and all three return with remarkable speed.

Ying and I turn Khun Yai on her side, first left, then right, lifting the soiled shirt up and away from the lower half of her body. I gingerly undo the safety pins, putting them aside as Ying unpeels the skirt from her body. Again we rock her body to one side; this time, I hold Khun Yai in place as Ying tries to fold up the soaked diapers and somehow wipe away all that is smattered across the old woman's backside, before placing a fresh diaper pad under her raised hip and then rolling her onto it to repeat the process on the other side.

Thai toilet tissue is somewhat rough and extremely thin; it crumbles and disintegrates in the water as we try first to wet and then wipe the old woman's body. It seems an interminable prospect, but somehow we start to make headway. Dee stands tentatively at the side of the bed, intermittently offering over her hands to help with the process. Later, she admits that was the first time she had seen Tatsanii's diaper changed. It is clearly a first for her husband Jiduporn as well, as he orbits around the top of the bed in his full khaki military uniform, shifting his weight from side to side over his shiny black shoes. The serene and lighthearted expression he wore all day is now clouded, as a dent appears on his forehead just above and between his two eyes. He takes a kerchief out of his pocket to dab the gathering sweat at his temples – his eyes fixed in the direction of the bed yet, somehow, not quite focused. He tries to be engaged as best he can, approaching the bed at one point to readjust the old woman's head and plump her pillow. But for

the most part, he stands back. It strikes me that his position is quite strategic: short and standing six to eight feet away, he can observe without catching a glimpse of breast or vagina. His mother's body lay bare and vulnerable under the harsh hospital lights.

We finish, somehow. Jidtuporn and Dee are back in the hospital lobby, again seated under the comforting distraction of television soap operas. As Ying straightens up, I head to the lobby to try to gather reactions.

Jidtuporn's face has returned to a more placid expression. Dee, seated beside him, is a bit blanched and much more willing to engage on the topic of what has just occurred. Her tone is disapproving, as she notes that the old woman really should be wearing pants. I am a bit surprised – it is as though she is suggesting that the mess could have been avoided had their diaper and clothing choices been different. In hindsight, I realize, I too was preoccupied by my own judgments of the situation – convinced that it was a wrong move to give the old woman milk when she had been sick already for three days. Jidtuporn is largely silent, allowing his wife to complain for several minutes until he subtly draws the conversation to a close. In the car ride home, as the two of us sit alone in the truck's cab, I try again to elicit his emotional response to the night's events. He instead casts his reflections in Buddhist terms and talks generally about duties and merit, rather than the disturbing realities of cleaning up feces.

DOING WHAT WORKS

Dee's harsh judgments, as well as my own, would slowly emerge as a recurring theme for me, as I listened to caregivers' stories and those of the people who interact with them. Dee was

absolutely convinced that Ying and Aom were neglecting her mother-in-law and making their own lives more miserable by failing to dress the old woman in pants and a snug fitting diaper. Ying and Aom, on the other hand, could only laugh when we discussed this possibility. They told me that they, in fact, had tried to do so. They had tried many combinations of diapers and clothing options, settling eventually on that which worked best. Often, the sisters told me, people come in and make suggestions; all they can do is smile and nod – their experience no match for the certainty of those would-be helpers.

People find a way to give care in a way that works, one that may not be evident even to professionals charged with teaching such tasks. A well-respected community practitioner told me how he had come to put all his faith in ordinary people and their ability to care. He then told me the story of a woman caring for her sister in a rural community. One day a nurse came to their home and said, “you need to be feeding her more, she is malnourished.” The woman had said nothing in response at the time – a typical Thai reaction I will discuss further in Chapter 3 and Chapter 4 – but later confided in this community practitioner how she felt “that nurse knows nothing,” explaining that when her sister eats more, she throws up. “Who will clean it up?” she asks – knowing, of course, such burden always falls upon the immediate caregivers, not those doling out advice.

How do people know what needs to be done for another? Being told? Being shown? Cleaning up a mess and thinking through all the ways it might have been averted? Moving to support a limp limb or to catch dripping drool? Imagining the feel of something pleasant against

the skin? Is this thinking? Remembering? How, and where, does one know? And why is it that when outsiders chime in from the sidelines, rarely is the spoken advice helpful?

Most of the people I spoke with explained their path to becoming a caregiver just as Arthur Kleinman wrote of his own experience: “I learned to be a caregiver by doing it, because I had to do it; it was there to do” (Kleinman 2009, 293). It is indeed life in the shadows of institutions, where officially suggested protocols find practical form. How are we to make sense of these practical duties and everyday realities? Could, as Stanley Cavell (and Veena Das after him) might suggest, a “descent into the ordinary” reveal truths (about bodies, about interpersonal relationships, about the purpose of actions) hidden in plain sight?⁸

In his Tanner Lecture, *The Uncanniness of the Ordinary*, Cavell marvels at the philosophical constructions that lead us to doubt insight rooted in ordinary experience. Ordinary language theory is thereby critiqued for its implied mind reading, just as the body is thought to be an unreliable source of data; as he writes, “in philosophizing we turn the body into as it were an impenetrable integument” (Cavell 1986, 163). What if, instead, we watched bodies bending over bedsides and listened to the explanations they offer at such scenes? What do bodies giving and receiving care in the most mundane circumstances show us, apart from all that we might want to project onto them? What values do their motions and their words convey?

A story. One night Ying and I were certain Khun Yai was straining to defecate. I followed Ying’s lead as she began to make the straining sounds of pushing and massaged her

⁸ For Das’ use of Cavell, see Das 2007; see also Good 2010.

mother's abdomen. Together we grunted, as Ying brought wet cotton balls to her mother's anus and gently tried to relieve the pressure there. Sure enough, after about ten minutes of effort, the old woman succeeded in emptying her bowels, and we were on to the final clean up. Later, we laughed, as we both felt the need to follow her lead to the bathroom – our own bodies responding to the care work. Sounds, imagination, verbal and physical encouragement – caregivers seem to act on non-verbal levels as they “just do” what has to be done.

So, on one level, “what works” stems from bodies communicating and performing without a conscious cognitive component. Rare is the caregiver who can articulate all they do in action. And bodies are clearly capable of much more than the thinking mind is able to direct. Childbirth is an outstanding example, as a woman has direct control over neither the expansion of her uterus nor the growth and development of the fetus. Yes, the food we eat may have some effect. Perhaps the music we listen to and perhaps even the attitude we have may play some part, but the means of these more ambiguous influences remain largely a mystery. Such is the state of our science. But ask a caregiver or watch one work, and soon you will find bodies speaking to one another and working on a level beyond our capacity to trace.

Perhaps there are universal elements at play here, the domain of bodies and biologies; but what of more context specific elements? Apart from Mauss' “techniques of the body” or Bourdieu's *habitus*, are there ways in which Kleinman's “local moral worlds” manifest in the very acts of care – with meaning, and even certain aspects of the actions themselves, hidden in plain sight? Without retreating/escaping into analysis, is there a way to be present to what is occurring in direct view?

In an attempt to do just this, below I detail daily acts of care. Then I elucidate a ritual frame of reference, which I argue permeates the local worlds of my informants, in which seemingly “hidden” aspects of their care practices come into clearer focus. I argue that in order to understand rightly “what works,” the goals must be clear, as must be the means of accomplishing them.

DAILY PRACTICE

It took a long time before I was able to assist Ying in the washing and changing of Tatsanii. For months, I had been meeting with the family, barely able to help with chores (like washing dishes after a meal), and always over much protest. I had watched the two sisters perform these tasks many times, and had even videotaped the process. It was not until my husband, Kevin, began taking sewing lessons from the eldest sister, Aom, that I was allowed to participate myself. Just as it took a chance police raid for Clifford Geertz and his wife to find acceptance in a Balinese village (as recounted in his famous “Balinese Cockfight”), it took a coincidental change in our relationship to spark my entry into the family’s work. Aom engaged with Kevin on the first floor left Ying and me to head upstairs together to prepare for the late afternoon tasks.

In the beginning, the sisters reported, each washing and changing session would take up to three hours; they were delighted that they could often manage it in around an hour or so now (four times per day). Their youngest sister Kannikar was a key physical caregiver early on, along with Ying. This allowed Aom more time to keep up her tailoring business. It was Kannikar’s neat handwriting that originally outlined the steps the nurses had deemed necessary for each

session. The note sheet remained taped to the wall over Tatsanii's bed, though its instructions were no longer needed, routine having long ago taken over. Kannikar herself had buckled, it seems, under the pressure of providing care day in and day out – and I was never able to talk with her directly, as she moved to another city for work with her two children about one year after her mother's accident. The other sisters had accepted her decision to leave, but when pressed, they did admit feeling as though she had a “black heart” for abandoning them.⁹

Tatsanii receives four diaper changes per day – early morning, midmorning, afternoon, and night – and three meals (two with medication). The early morning is the largest undertaking of the day. The old woman usually defecates during the night, which brings out the facemasks and surgical gloves, along with the rest of the bathing accoutrements, a change of clothes, breakfast, and morning meds. The midmorning involves lunch and repositioning from one side to the other. The late afternoon brings another bath and her final meal of the day, followed by more medicines. And at night, one final change of pampers and the placing of the mosquito net over her bed prepares her for “sleep”.

Here I offer a sketch of a typical washing and massaging session. I do so at the risk of drowning the reader in tedious detail, though it is the tedium, the repetition, the perfunctoriness, that most importantly characterizes these daily tasks.

First, preparation. A small pink floral plastic sheet is laid out on the floor and a larger one put near the bed, later to be put underneath Khun Yai. Next, two tables are placed on top of the

⁹ The issues at play here will be taken up in subsequent chapters, as I explore the values laden in caregiving expectations and the socioeconomic factors involved in this work.

first sheet, which will later protect the floor from the inevitable bathwater spills. Additional materials are brought over to these tables – small plastic bins that hold the necessary tools, like cotton buds, powder, lotion, bedsore medicine, and the like. Then, three plastic tubs are filled with water – one large and two smaller – and brought onto the plastic floor sheet. The water is turned on downstairs and allowed to flow up to the second floor bathroom, making this step much easier than when, should the pump be broken, the tubs must be brought up from the first floor. Sometimes, a groggy silence permeates the scene; sometimes, a transistor radio is turned on, the sisters remarking on political events as they take to their tasks; sometimes, they are all thumbs, and laughter fills the air as bottles and basins tumble to the floor.

A second plastic sheet converts the air mattress bed into a bathtub. It is folded in half, as the old woman's small frame needs only about 8 square feet for complete coverage underneath her. Then begins the process that will be repeated for all clothing and diaper changes, as well as all mattress adjustments – a series of rolling her body to one side, shoving materials underneath her, rolling her to the other side, straightening, and easing her back to center. First, she is rolled to the right. Two people make this infinitely easier; I might, for instance, hold Khun Yai on the right as Ying arranges the plastic protective sheet so that it is neat on the left and bunched up under the old woman. I will roll Khun Yai over to Ying who then holds her on the left as I straighten the plastic down on the right side of the mattress. It can take several rolls to get it completely straight – a step that seems gratuitous at first but decreases the likelihood of pooled water or, in the case of clothing or diapers, skin irritation. In a similar manner, we remove the old woman's skirt (*phā thung*), but leave the diaper for the time being, in case she urinates as we move forward.

Khun Yai might let out her first moan when we remove the pillow from underneath her head. It is a low-pitched sound, lasting a second or two, emerging from frowning lips parted in a toothless rectangle. Her head is tight with her neck, gripped and frozen in a slightly raised position, refusing to lie flat against the bed underneath her but floating in space, exposing the slight bend in her backbone toward the collar. It will be at least ten minutes or more before she relaxes her head back down onto the bed itself. For now, we continue, acknowledging, perhaps only for show, what may or may not be an indication of the old woman's discomfort.

We start with her eyes. One small tub – the smallest, about the size of a soup bowl – is filled with plain water without soap. Cotton buds are soaked and then used, one bud per eye, to clean the yellowish gunk from the old woman's eyes and eyelashes. The bud hits and, if you look very closely, you can see under the sunken wrinkles to the tiny encrusted lashes. If the eyelid opens enough with the movement, you may catch a glimpse of an eyeball rolling around, seemingly unseeing. How hard do you push? You are gentle, but must exert some pressure to do the job. Here, the power of the back exerts itself in a new way: apart from the physical strength of lifting tubs of water or even the old woman herself, or the constant bending to arrange materials, there is another strain of getting close enough to the tiny body, leaning across the bed to be effective, but not breaking through the particleboard platform on which the air mattress sits. We balance our weight on the thin metal frame beneath the platform, careful to establish a solid base with enough power and control to maneuver through this delicate contact.

Next, we wash her face. We dip a clean towel in the clear, plain water and brush it across her brow and cheeks. I imagine how I might feel if I recognized the face, more than just an old

woman, the face that brought me up. But the task itself demands so much energy that these musings may be only the romantic fancies of an outsider, or perhaps fleeting flashes for a daughter absorbed in the work.

Now, drinking water replaces the tap water in the small tub. More cotton buds are submerged, this time for the mouth. Ying brings a wet bud to the corner of Khun Yai's lips. Then, like so many motions of this process, she begins a subtle negotiation with the sleeping woman, or perhaps the sleeping woman's body? She wipes across the lips and then begins to coax the jaw open, pushing the cotton in while encouraging Yai to open her mouth. "*Ah ah ah*" – Ying makes sounds with her own mouth wide, and, whether by force of her fingers or sound or directive, miraculously, the old woman's mouth opens, allowing her daughter to push the cotton ball inside and clean out the oral cavity.

Can she hear? Does she follow orders? Is this some sort of spontaneous reaction? Ying repeats the feat three times. After each, the old woman nearly licks her lips (though one never sees her tongue appear). With the tube sticking out of her nose, it strikes me that she never enjoys the taste of food or drink in her mouth anymore. Perhaps this is refreshing and enjoyable, but again, one is left only with an odd feeling at such moments. Any action you imagine as a clear reaction to a stimulus may be reproduced at any time, rendering such attempts at meaning-making groundless.

We pat the old woman's now clean face, neck, and ears with a dry cloth – particularly dry at this early stage. We will next wash her torso, but her sleeveless cotton shirt is left on this time

because her clothes are changed only once per day, in the morning. Soap is put in the water. Ying quickly measures a capful of liquid soap and drops it in the large tub. With the mid-sized tub, she swirls the contents around, and then takes out a portion for active use. Periodically throughout the washing, this smaller tub will be dumped and replaced with fresh soapy water from the large vessel.

It takes much more strength than I had imagined to maneuver Tatsanii's bent limbs. How I felt I might break her arm the first time! Ying and I position ourselves on either side of the bed for exercise and massage tasks – in time, I will come to know that the right hand is tighter than the left, but the left arm is much more difficult to unbend at the elbow. With two caregivers, both sides are done simultaneously. First you bend the limb down and then you coax a release of the elbow using a combination of calculated manipulation and sheer strength. The motion involves pushing the elbow down, bringing the hand across the body, pulling the shoulder out, and finally, extending the arm from the elbow. If you hit the “sweet spot,” so to speak, the elbow bends as if on cue; otherwise, real force is required. Once you lengthen the arm, you bring the hand into the body again by bending the elbow – and then you repeat this, two, three, four, five, six, seven, eight, nine, ten times. Sometimes, you count aloud, numbers punctuating the conversation, unnoticed. Next, shoulder extensions. This is accomplished by bringing the fully extended arm out and up like a jumping jack, again ten times. Then, with the arm allowed to bend again, you massage the hand, gently bending it at the wrist and taking it through a series of circular motions in two directions, careful not to be scratched by the old woman's nails – ten times.

At this point, we might begin to sweat, which reminds Ying that we had forgotten to turn on the fan. Going through these motions, it is clear how much strength the old woman maintains with her clenching. Perhaps, as others have told me, a major sign of impending death would be the giving out of this strength. For now, despite the years of coma, this woman is clearly alive in some way, which makes decisions about decreasing food or trips to the hospital all the more difficult to contemplate for the family.

Khun Yai's mouth contorts into a frown, and the deep, resonant moan is released again. As a beginner, I cannot help but feel she is telling me that something hurts. I find myself mimicking the sound, as Ying often does, and apologizing to the old woman or repeating *bo ben yang*, as Ying says in Northern Thai, "don't worry, Khun Yai, it's nothing." We say these words, we bend toward the woman's face – but never is there a commentary from the sisters, no instructions ever uttered about how to respond and why, no indication ever made of internal anxiety or identified feelings of empathy.

Onto the legs. The right leg is permanently bent at the knee and locked up. So, we have to massage the thigh and somehow pull the leg to attempt to straighten it out. At first, the sound of crackling stops me dead in my tracks. Was I about to break something as I pulled? Ying laughs at me and assures me it is all okay, despite the vibration and sound, like crunching and popping. Tatsanii's leg is so thin, like that of a small child, but again held bent with incredible strength. Pulling entails a series of contortions, something like yoga and weight lifting combined.

Here, as we stretch and straighten the legs ten times each, Ying might start commenting on the difficulty of the work. “It’s hard (*two, three*), isn’t it? Lots of people say (*five, six*),” and here she will not name names, “that it could be quicker. But unless you have physically done it (*nine, ten*), you just don’t get it.” I cannot agree more.

As the actual washing begins, the resemblance between the sisters is evident in even the smallest of motions. First the diaper is removed, using the familiar rock and take motion. (Later, during cleanup, the parts of the diaper not stained by urine will be cut away to leave some absorbent handy wipes for the plastic sheets and so forth.) Ying directs me to hold down the straight leg as she pushes the bent leg away from the area she wants to access. At certain points, she will hold back this knee with her chin, just as I have watched her sister Aom do, to enable her to see with two hands free. The crotch area is washed first. Ying runs her hands around a white bar of soap and then rubs the old woman’s vagina, then up to the belly and down around the bottom, as well as around the upper thigh and hip area. I have seen both Ying and her sister use the same twirl of the hand when doing this, using both the palm and backside, though it remains unclear to me whether this is to help spread the soap or to avoid buildup on their hands; it is a flourish at once graceful and unthinking. She generates a lather all around, and then brings in a wet washcloth to finish the job.

The parallels to bathing a baby abound. The bar soap is only used for the genitals; for the rest – armpits, arms, and legs – the soapy water solution suffices. Not much force is required, and we can make fast work of the body. As Ying pulls on the bent leg, Khun Yai releases some gas, prompting Ying to note that the old woman has often urinated or defecated in the middle of

this process, forcing them to start all over again – particularly burdensome if a new diaper has already been put on. Then Ying soaks cotton balls in water and, using index finger and thumb, inserts them one at a time into the old woman’s vagina, making one or two turns with each swab to clean any remaining urine or feces out of this sensitive area. She has no pubic hair at all, which Ying explains is because she is old. Just like a child, old people have no pubic hair, she explains. Just like a child.

Our own bodies move to unlock the old woman’s hidden regions. One hip crease needs particular care to access. Khun Yai has lost a lot of weight, particularly in the stomach area, where the skin has been unable to shrink back to fit her small frame. So, when cleaning (or later powdering) the hip crease formed by the bent knee, we have to pull down on the leg while moving aside the flab that sinks into the crease at any opportunity. At one point, Ying manages this by using her chin again to hold the leg; at another, my hands move the belly so she can properly wash in the fold.

Nearly completely naked, partially wet and lying exposed under the ceiling fan, the mother begins to shiver ever so slightly, despite the heat. After each limb is washed, it is pat down with a towel, though in each cycle there is the inevitable interim before she is completely dry. I can hardly imagine this scene outside the tropics.

With practice, the tasks are effortless and concentration can be light, though a pointed question or two may be needed to reign in one’s wandering attention. I am in charge of holding Khun Yai on her right side as Ying cleans her left backside, and I might take the opportunity to

inspect the one small bedsore that occasionally arises on the bottom of the old woman's coccyx. It is creamy white, in contrast to the darker tone of her skin. Ying quickly intervenes with questions, asking whether the old woman is still ok, whether she can still breathe, and so forth. They are questions warning me to maintain some mindfulness of where the old woman's head is while she is tipped on her side!

Once again we are back to the limbs. With Tatsanii now washed and dried, it is time to massage with ointment. We pull out a tube of a Bengay-type analgesic heat rub and each dab a bit onto our palms. Spreading it across our hands, we take an arm and spread the ointment the length of it, followed by stretching and massaging as before. Here practiced movements help enormously, else you wind up doing a spotty job as you wrestle to get the limb untangled. We cover both arms, both legs, and hands and feet before we quit.

Our bodies bear the signs of reciprocity. About ten minutes into the massage, I feel a warmth arise as the ointment sinks into my hands. How the old woman's body must tingle!

Tatsanii's skin is dry and ribbed with scales, though the scales do not flake. No moisturizers are used because, the sisters explained, lotion could cause sores and other ill effects in bedridden people. So the woman's skin depends entirely on these ointments and bathings. It is dry yet somehow still soft. Often the sisters will laugh at how smooth the old woman's bottom is, suddenly drawn to recognize and remark on the woman's body, how soft and lovely her skin.

Powder helps keep things smooth. Perhaps we forget to apply the powder at first, along with the ointment for the bedsore, and instead go straight to putting on the diaper. Again we are rolling her to one side, arranging a set of two and a half diapers (the extra half in the main impact area) flat on the bed underneath her, and rolling her back.

Again, we are turning and arranging, turning and arranging. With the diapers laid down, the skirt has to come back on. We are then set to affix the rectangular cloth skirt with two giant safety pins. Ying brings one corner of the skirt over to my side and I take “my corner” across the waist to her end and, careful not to attach inadvertently the diaper, pin the skirt at the old woman’s hip. We go on to start the trickier part of wrapping the sides down around the bent leg in order to pin the skirt in the middle, only then to realize we have forgotten the powder.

Off comes the skirt and we are back to the bare limbs, powdering the legs, the hip crease, the armpits. “How nice and comfortable” (*sabāi sabāi*) croons Ying, and indeed, it does seem soothing. Gently she puts powder on the old woman’s face and then, taking out a foundation pad, she smoothes that powder in, teasing her mother for using makeup.

Then we are back to the skirt process – rolling back and forth one more time. The trick is stretching out the bent leg so that when you wrap the skirt around and pin it between the thighs, it will be held tight by the leg as it springs back into place. The diapers only cover the buttocks and midway down the thigh. Gravity seems to do its job most of the time to keep the skirt free of excrement, though every morning Tatsanii’s clothes will be taken downstairs to tubs (similar to those we use here on the second floor) for laundering.

Ying zips the small money pouch in the pocket of the old woman's shirt, which we then fold neatly over her skirt in the front and the back. This purse, with its few small bills, is a constant reminder that the old woman could in fact take her leave at any time – a microcosm of the entire process of care and preparation, each step always informed by the next.

Each time of day is marked by a new body position to avoid bedsores. Before we are through, we have to arrange the pillows that keep the woman in place. Early evening is time to put her flat on her back. There is a duck pillow that comes first. These children's pillows may seem at first a random choice, a not-so-subtle reminder of the similarities between the very young and the very old; but indeed, there is a clear utility to the furry friends. The duck's bill is pulled through the woman's crotch to keep her legs separated. The bear is kept lengthwise, its head pulled between the legs to keep the separation down the limbs. Tweety bird is put in service under Tatsanii's ankle to keep pressure off her heel. I cannot help laughing out loud at the ludicrousness of it all. Finally, the regular bed pillow is placed back under the woman's head and her arms, now loose, are put under her back – soon to creep back up into their bent position under her red satin blanket.

Combing her hair is the last step. There is something so youthful about the old woman's grey bob. Once a week, the sisters wash and then blow-dry it during the morning routine. But for now, combing will do. I brush her straight and soft white hair smooth against her skull and then tie it with a rubber band atop her head. I hesitate to use a straight rubber band, offering instead one of my cloth-covered hair ties – but of course, there is a reason to their method and my offer

is denied. Her hair is too thin and will not stay tied in something like that. Instead, the rubber pinches it tight, and we loop the hair at the end into a bun that will hold longer.

We begin the cleanup process as Nok climbs the steps with her grandmother's evening meal – a sienna colored liquid blend of proteins and vegetables that will be poured into a test tube beaker attached to the end of her feeding tube. Upon completion of our first session together, Ying assesses my reaction. “Is it hard?” she wants to know. I am not sure if she is testing my stamina or trying to get confirmation of the incredible difficulty of these daily tasks. Aom appears on the landing before I can answer. She is ready to mash up the evening drugs with a miniature mortar and pestle. These too will be deposited, mixed in water, into the test tube that, when raised up, allows its contents to descend down the old woman's throat.

Overcome with what I have just experienced, I launch into a speech about how impressive their work is. Aom answers without blinking an eye: “Impressive? Come every day, four times a day, and *then* it will be impressive.”

RITUAL REPETITION: WHAT'S AT STAKE

Nearly everyone I spoke with about care for the elderly or care for those approaching death in Northern Thailand mentioned *kam wēn* (กรรมเวร) and *bun* (บุญ). *Kam wēn* or *kam* is most readily translated as fate, retribution, or karma – with particular focus on actions or the consequence of actions, though certainly not necessarily those that take place in this lifetime alone. *Bun* is most readily translated as merit – again, that which accrues over lifetimes. In the broadest sense, this is a theory of actions and their consequences. Some of my informants cited

čhaokamnāiwēn (เจ้ากรรมนายเวร) as the reason for an illness or a bad situation – with a *čhaokamnāiwēn* a being (incarnate or in the spirit world) who is seeking retribution for a past action (a particular embodied instance of actions and their consequences). But for most caregivers, particularly children caring for a parent, the caregiving relationship was thought to be a case in which one’s fate was being played out; thus, the timeline until recovery or death depended on the merit of the ill person along with the karmic baggage of all those involved.¹⁰ Difficult caregiving situations might be the result of past misdeeds; by the same token, providing care is considered to be an important chance to accrue merit as well as to “use up” (*chai kam*) the ill effects of past actions.¹¹ Thus the performance of care is somehow both the playing out of fate and an opportunity to effect change in fate as well.¹²

The logic is as follows: karmic debts as well as seeds of merit span lifetimes, spirit worlds interact with that of humans, and humanly offerings can be transformed into tangible outcomes in other realms by someone showing up and going through the motions of set ritual acts. I will argue here that the division between the religious and the secular is irrelevant for the framework of ritual I want to suggest, but I start here for simplicity’s (or convention’s) sake with how this logic is enacted in Buddhist temple settings. When one goes to the temple to *tham bun* (ทำบุญ) – literally “to make merit” – the flowers and incense and money one offers at the temple

¹⁰ For examples of these ideas at the end of life see Stonington, Scott. 2009.

¹¹ Again, these are consequences of untraceable actions – possibly the result of situations in previous lifetimes manifesting by a logic few claim to trace; likewise, the merit gained will ripen in unforeseeable ways.

¹² Marjorie Muecke’s recent work on caregivers in Chiang Mai also suggests that family care providers consider it “their place, duty and moral benefit to care for adult children or husbands sick with AIDS” – echoing the concern with *bun* presented here and foreshadowing my discussion of social hierarchy to come (Muecke 2001).

are transformed into an effective karmic agent (or antidote); or when, for instance, on the Thai “day of the dead” (*salaakapak*), one donates clothes, food, and other useful or favorite items, the deceased can actually receive such things in whatever form appropriate to their own realm (Sommai Premchit and Amphay Dore 1992).¹³

As Stanley Tambiah has pointed out, Austin’s performance theory is helpful in recognizing these Thai acts as constitutive ritual acts – like marriage vows, baptism, the naming of a ship – “whose very performance achieves the realization of the *performative effect*” (Tambiah 1979, 135). Tambiah illustrates too the “*perlocutionary* (functional) consequences” of such rites, which cannot be judged on the basis of “Western rationality.” So, although the effect of such rituals may be uncertain – one cannot determine whether one’s dead grandfather received the razors and snack cakes or that one’s merit has been increased – “this does not undermine their performative validity” (*ibid.*, 137).¹⁴

Given the proliferation of this type of performative rite in the Thai context, it seems safe to presume that all Thais are familiar in some way with acting “as if” they are performing, through symbolic or repetitious acts, transformations – transformations capable of crossing

¹³ Ara Wilson puts this logic in economic terms. As she contends, “exchange is the idiom and mechanism for many, if not most, relationships in Thailand,” including the “transformative exchange” between monastics and laity (Wilson 2004, 13). Ordination as a monk is part of this “folk economy” as transformative exchange, for sons can ordain to accrue merit for their mothers. Everyone, she notes, is understood to have debt to their parents, though males and females “have different prospects for repaying that debt” (*ibid.* 14). Since males have the possibility of ordination, they are understood to repay their debt to / care best for their mothers by becoming monks; by extension, we can see females, restricted from ordination, to participate in this logic of exchange through the provision of physical care.

¹⁴ Donald Swearer has also marked the performative aspects of Thai rituals in his discussion of the ritual of image consecration in Thailand (Swearer 2004); however, Swearer’s focus is more on the extraordinary flavor of these rites rather than the rote, ordinariness of their performance and “the mode of social action” they represent for Tambiah.

and/or affecting disconnected or overlapping realms, even those which they themselves do not try fully to comprehend. Such ritual activity is performed correctly via the motions themselves, without the enforcement (or promotion) of “belief” in the process or even of a mindful orientation to the activities performed.

Although the great majority of my informants in Thailand self identified as Buddhist, I purposely do not use “Buddhist” as a label for ritual here, whether or not in explicitly religious settings. Richard Davis’ work on Northern Thai metaphysics is instructive in this regard. Archaic Tai and Buddhist cosmologies are mixed in this region, with important ramifications in terms of people’s understandings of “spirits” and the cosmos that do not necessarily map onto classic Buddhist texts or philosophy. As Davis writes, “the lack of precision in the classification of cosmic powers is in itself an important characteristic of the cosmos” in Northern Thai thought (Davis 1984, 78). Further:

...The fortunes of individuals are unpredictable, but the forces affecting the course of one's life can be influenced by *the correct application of ritual technology*. This, in general terms, is a fairly accurate picture of the Muang [Northern Thai] perception of the universe and the individual's place in it, with the addition of two important riders. First, Buddhism has added a tone of personal and moral responsibility to ideas about one's fate and the causes of misfortune. *Karma*, the sum total of ones' good deeds (*punna*) and misdeeds (*papa*) in this life and in previous lives, is the ultimate explanatory theory of personal fortune and misfortune. Secondly, the Muang cosmos is populated by a vast array of personalized anthropoid powers which can be propitiated directly in order to alter one's circumstances. (Davis 1984, 72-73 emphasis added)

I will add to this perspective on Buddhism’s influence in subsequent chapters, particularly with regard to elite forms of “reformist” or “cosmopolitan” Buddhism and the historically rooted assumptions and motivations at play in the deployment of such religious modes in Thailand today. For now, I want to make clear that ritual activity is used in this context to influence

directly the course of life in a cosmos that cannot be completely mapped and therefore cannot be understood as a coherent whole.

Seligman, Weller, Puett, and Simon, in their recent collaborative work *Ritual and its Consequences: An Essay on the Limits of Sincerity* (2008), expand the typical scholastic parsing of ritual, providing a productive frame for my effort to explicate caregiving as ritual. Using examples from Confucianism, Judaism, Christianity and Islam, alongside contemporary lay practices from polite conventions to children’s bedtime stories and beyond, the authors argue for renewed attention to, and respect for, ritual in daily life. First and foremost, rituals are not relegated only to “religious” realms but can be found in all arenas. In fact, ritual engagement is shown to be crucial for maintaining the social world. The thrust of their argument rests in the understanding of ritual as the creation of a “subjunctive universe,” an “as if” world, a shared means by which people can reconcile disparate aspects of their lived experience (20-21).¹⁵ Such a ritual mode of engaging the world stands in contrast to a “sincere” frame, in which people purport to engage with the world not “as if” it were a certain way, but rather “as it *really* is” (8). In ritual, the actions themselves, not the internal orientations of individuals, are of utmost importance. Thus, with ritual, the ambiguities of the world are recognized and accepted. Again, this is in contradistinction to a sincere mode of engagement, in which ambiguities are denied in favor of a presumed all-abiding Truth, and in which authentic action demands alignment between thought and deed.¹⁶ Ancient traditions that conceive of the world as “fundamentally fragmented

¹⁵ For a link to the “subjunctivizing tactics in illness narratives,” see Good and Good, 1994.

¹⁶ The authors assert that such “sincere” or “authentic” orientations to behavior are so pervasive in the contemporary world due to the influence of Protestant Christianity. While not claiming any frame more important than another, they do find ritual better suited to dealing with ambiguity and ambivalence. The modern world’s current predilection toward absolutism is found tethered to a sincere frame – particularly

and discontinuous” help reveal how ritual allows for the creation of an “as if” state that allows for a temporary working out of coherence in one of many possible ways.

This is not to suggest that ritual and sincerity are the only modes by which people engage their worlds. Nor are they mutually exclusive. However, spelling out their differences is illustrative. *Ritual and its Consequences* traces how, with several important exceptions, most ritual scholarship tends to project a sincere frame onto ritual spaces. In other words, many scholars analyze ritual by reading meaning into the actions in such a way that ideal participants are thought to be engaging with a coherent worldview actively in mind. Or, to put it in Lionel Trilling’s terms, “congruence between avowal and actual feeling,” or “single-mindedness,” is presumed in this sincere mode (Trilling 1972, 2 and 111).¹⁷ Instead, Seligman and his colleagues suggest that belief is not as important in ritual spaces as the action itself.

strong in contemporary fundamentalist movements, as the authors describe in detail. Personal interpretation is key in fundamentalism, as “it equates truth, which is nonindividual and supraindividual, with its interpretation, which is invariably personal and conditional” (*Seligman et al.*, 162). The relevance of such a note will become more apparent in light of current Buddhist reform efforts in Thailand, to be reviewed in Chapter 2. B. Good (1994) provides a related analysis through the uses of “belief” versus “knowledge” in anthropological writing.

¹⁷ In *Sincerity and Authenticity*, Lionel Trilling presents “a historical account of sincerity” – or the changing notions of, and orientations to, sincerity and authenticity largely in the Protestant tradition (broadly defined). In progressing his argument, Trilling complicates the usage of sincerity as deployed in this chapter. For instance, Trilling draws attention to the works of Jane Austen and the “sensitivity of her response to social change” (76), particularly in the changing relationship to “sincere” frames of reference. As described in the *Introduction*, Austen in some ways idealizes the “sense” of the noble class ethos, though she recognizes the changes in consciousness afoot that see imprisonment and falsehood in such tradition. Trilling rightly parses this “sense” as a form of “sincerity”; in this way, sincerity is shown to have held with it the connotation of the “honest soul” who internalizes and embodies external structures. So indeed, the definition of sincerity has shifted over time, though a type of “single-mindedness” is relevant for “sincerity” across these shifts. Again, I include in the title of this dissertation “senses,” rather than “sense” in the singular, to highlight the possibility for an alternate framing of internal experience – the following of social patterns less as a belief or meaning driven exercise and more as an enactment of the world with performance more crucial than belief.

In the broadest sense then, ritual is shown here to be the repetitive, set activities that help people navigate ambiguity in their lives and to blur the boundaries erected as a function of the multiple roles we are forced to play as members of a society. From polite niceties to religious observances, from political proceedings to architectural ornamentation, ritual in this sense pervades our lives even in modern contexts.

Ying and Aom and the many other caregivers with whom I came in contact did not explicitly call what they were doing “ritual” (or what might be translated *phithī* พิธี).¹⁸ Of course, in Thai, rituals themselves are also often called *ngān* (งาน), or work, and thus are linguistically associated with everything from household chores (*ngān bān* งานบ้าน) to cremations (*ngān phao sop* งานเผาศพ) and weddings (*ngān taeng ngān* งานแต่งงาน). This perhaps also helps us bridge the gap (that scholarship perhaps creates) between the religious and the secular. The Thai cosmos, with the vital elements of karma and merit, can be seen in all aspects of life. A type of work then can be done through caregiving, work by which one’s karma is “used up” and merit is “made.”

Labeling this process “ritual”, in Seligman et al.’s terms, underscores how the performative and perlocutionary effects are accomplished with the given behavior. I am thus

¹⁸ Rosalind Morris’ discussion of ritual in the Northern Thai context provides some background to the choice of words here. As she uses the term, “ ‘ritual...refers to those individual practices which seek to have an influence on the material world through the repetition of standardised but magical acts. It should be noted, however, that in colloquial (non-elite) conversation, the term 'ritual' is rarely used as a generic category. One hears much more often of particular practices, such as the 'calling back of the essential spirit' (*kan hong kwan*)' or 'making pledges to the spirits' (*kae bon*), than of ritual (*phithi*) in general. However, in formal and elite discourse, in writing, and even among spirit mediums, who are attempting to emulate the speech of aristocracy, the language of ritual proliferates" (Morris 2002, 71).

suggesting that the logic of the temple pervades many aspects of the lives of the people with whom I worked. Religious ritual is not always plagued with the tropes of “authenticity” and the demands of “internal conviction”; so too with rituals of common social practice, like bowing when leaving a conference meeting hall (as will be discussed in Chapter 4), and with the “rituals” of providing care. The form and the symbolism cannot be separated, even if we are not claiming constant vigilant belief and attention.

Washing a mother’s body is effecting change in the karmic coordinates of all the actors involved, necessarily, by the act itself. This stands in sharp contrast to the mode of caregiving promoted in the humanist tradition of medical care. As noted above, competence and care are often distinguished. Here one sees the meaning of the action embedded in the physicality rather than the internal orientation.

Ying offers a telling case study in this regard. (Again, I start with ritual in an explicitly religious setting to establish the frame most readily.) Born in the Chiang Mai municipal area, she left the family compound when she was 19, moving with a husband to the far north where she raised a son and worked as a day laborer in the countryside. Back in the city to care for her mother, Ying would eagerly bring me to the temple for opportunities to make merit – that is, she would often press me to drive her to the temple on special occasions (and not so special occasions) to participate in the activities there. She would often get very dressed up, even “borrowing” (without asking) costume jewelry from her niece Nong Nok in order best to fit the ideal form of looking one’s finest for these occasions. She would prepare elaborate offerings and participate in each and every little activity offered. Nevertheless, she was also often giggling or

talking to neighbors in the shrine room, or more eager for me to take her picture than, say, to meditate or to do something else more legible from an “authentic” frame. She was in many ways the epitome of a religious observer; though to someone judging from a “sincere” standpoint, she was completely faking it. She was going through the motions, and that was exactly the point. She could report back to Khun Yai later that she had made merit for her at the temple that day or night without any hesitation whatsoever.

The simple term *tham fōm* (ทำฟอร์ม) highlights the ambiguity here. Taking the English word for “form”, one is said to “do the form,” to act according to the established format, to go through the motions. In a setting in which the “sincere” or “authentic” mode is more prevalent (which does indeed happen in the Thai context, as will be discussed in subsequent chapters), this is a derogatory phrase of sorts. But more often, one is in fact expected to *tham fōm*; following protocol is appropriate, regardless of your inner relationship to the activity. Ying’s subject position then is worthy of note, particularly as this argument will develop in relation to the middle class Buddhist movement that tends, I will argue, toward a “sincere” engagement with Buddhism, a cleansing of this form of ritual for more scientifically and individually based claims on religious practice and social praxis.

Just as Ying performed in the temple setting, so too did she take on the tasks to care for her mother. Every day she performed the duties of a grateful daughter (*lūk katanyū* ลูกกตัญญู). Her sister Aom, a longtime city dweller, told me her sister was sometimes lazy, never doing anything more than exactly what was needed in service of Khun Yai. She would wash only her own clothes and those of their mother; she would wait for Aom to turn on the water rather than

go up and down the stairs herself, and so forth. But Ying characterized her performance in a totally different way. She was showing up to perform the duties necessary as laid out in the instructions on the wall and in accord with cultural norms. The mother was always dressed in the color of the day, her clothes were always neatly pressed, and so forth. And indeed, Aom's complaint was not that Ying failed to do her caregiving duties with enough heart, or something of the sort; it was instead noting the limits of Ying's acts, particularly in relation to her own household. In the end, even Aom subsumed both her and her sister's actions under the same rubric of caregiving in terms of the playing out of fate.

I came to understand religious ritual specialists were of less value for these sisters in their daily work, even as it was laden with symbolic content, than I had expected. Originally, I searched for 'technicians of the sacred' in religious specialists who I imagined would tailor or otherwise calibrate ritual activities to individual needs. I presumed there must be some psychological element to the elaborate and pervasive ritual practice I knew to occur in Thailand. I sought out *`āchhān wat*, the men at temples in charge of running rituals – from major holiday affairs to small funerals or birthday merit making ceremonies. I would propose a specific scenario, in which a family was caring for an ill or dying member, and ask what they would do. Or I would ask them about a specific case in their neighborhood. But the answers never matched my expectations. They were on a different register. These ritual specialists performed the rite appropriate to the circumstance, following exactly the sacred texts from which they worked. They were somewhat nonplussed by my questions – one *`āchhān wat* eventually took me to a spirit doctor's house so that my questions could better be answered – because, I came to realize, providing variation to suit "authentic" individual interpretations was not the purview of these

temple men. I was looking for “authentic” ritual, which I ultimately found to be a contradiction in terms.

Of course, this is but one of many logics operating at any given time. People *do* visit spirit doctors, there are emotional components to ritual in these and other settings (see, for instance, Gehan Wijeyewardene, 1986), and explicitly religious rituals in Thailand are performed by some mindfully and with sincere intentions. As in many places in the world, there are also revivalist movements afoot – sects of practitioners seeking “authentic” religious experiences in which ritual actions are infused with particular internal orientations. Again, I will discuss these conditions in subsequent chapters. However, here I am tracing a particular lineage of thought and action evident in many of the families with whom I worked.

Another story. One morning Aom’s house was abuzz with the news that a neighbor, a special friend to the family, was bringing a group of monks to the house. Mau Fah was not so much a busy-body as an involved community member, a well established former nurse who road her bike by Aom’s house early every morning on her way to the market, often stopping to check in on the family. Mau Fah was also a great patron of temples around the country and of several monks. On this particular occasion one of these monks, whose education in India she was supporting, was in town and she was leading him and another monk on a visit to the sick and infirm in the urban village. They arrived at Aom’s later than expected – though the sisters had completed the morning washing and house cleaning hours early in anticipation of their arrival. The group was led upstairs, where they greeted Tatsanii, surveyed the room, were offered refreshments, and settled in around the old woman’s body – the monks in two chairs beside the

bed and the rest of the caravan sitting on the floor, legs curled up under them in their long formal skirts. The monks produced two palm-leaf books from their sacks, arranged their golden robes around them, and proceeded to chant while the rest of us sat, palms pressed together in a *wai* at our heart centers, for at least an hour. When at last they were through, the monks presented Aom and Ying with an amulet and a book of chants. In measured and serious tones, Mau Fah's sponsee instructed the sisters to chant for their mom every evening using the book, as he pointed out the appropriate passages. With grace in the customary stance of deference, Aom agreed, albeit with a slight laugh in her voice. And with one more bow to Tatsanii, they made their retreat.

The chanting was an explicit attempt to make merit for the old woman and her family, a gift from Mau Fah that served to increase her own merit as she tried to help her neighbors. The sisters themselves are just as committed, if not more, to alleviating their karmic load and they stated time and again how they believe that is the only way their situation will come to an end. So why did they never in the end take up the monks' prayer book and chant? At first pass, it is because they simply did not have the extra time in a day to do so. But more than that, they were themselves already engaging in as potent a ritual every day – through the set, repetitive, physical labor of providing care.

The laying out of the tables and drop cloths, the preparation of the water, the ointments, the words spoken to the mother, the placing of the coins, the arrangement of the clothes, and on and on: these are the marks of ritual preparation and performance. It is a transformation of word

and deed in this human realm to something we cannot comprehend but can only point toward. Of this these sisters are sure, even if they do not have the words with which to articulate it.

As for the monks, there are several factors at play in their own performance. It is the appropriate form for them to appear in the house and to present the gifts and advice as they did. Did they too recognize the ritual work of the sisters?¹⁹ Certainly they might have, though they would most likely also say that doing the additional step of chanting would only benefit the family more; or perhaps further, that it was the sisters' karma to have no time to spare on these important matters. In common parlance, there is a distinction to be made between the religious and the secular. Nevertheless, the same mechanisms and symbolic notions underlie religious, social, and private life alike. So what I argue is religious and secular ritual share a sacred view of the world; in the secular space, conventionalized practices allow people to navigate the disjointed arenas of their lives – for instance, the ambiguous line between life and death that Aom and Ying tread everyday.

Khun Yai is in an ambiguous state. Ritualizing the acts of care is one possible way of making such ambiguity permissible, livable. Without medical intervention, she would have died years ago. Although she has a large family and thus several children are able to share the enormous burden of providing, and paying, for her upkeep, the current economic system makes such a commitment increasingly difficult. Through a ritual framework, they can “find the way to negotiate the emergent demands of our contemporary world” (Seligman et al.). Care occurs “in the subjunctive mode” (Good and Good 1994). The family acts “as if” doctors have real

¹⁹ It is unclear to me whether their background and education puts them in a class of monks for whom a more sincere frame is dominant, as I will discuss further in Chapter 2.

expertise in this situation (and were wise in placing the feeding tube down the old woman's throat), the sisters act "as if" their actions have some beneficial effect, they all act "as if" their caregiving acts are the fulfillment of their dutiful roles as children – even if also receiving feedback to the contrary. Again, this is not a description of the meanings they ascribe to their actions at every turn. Indeed, it is the "incongruity between the world of enacted ritual and the participants' experience of lived reality" that highlights the work ritual achieves. Ritual engagement provides an alternate way of parsing the burdens emergent in this contemporary Thai context – a mode in which Tatsanii's caregivers are best able to negotiate their circumstances.²⁰

“WE DON'T NEED THEORY, WE HAVE FIELD TRAINING!”

One afternoon, I sat in the storefront window with Aom as she worked on finishing a garment for a customer. As she sewed, I pulled out a newspaper article I had seen the week before, which detailed the painful story of a mother losing her son to cancer. It was one of an increasing number of articles on palliative care in the popular media, part of an effort to change cultural norms and medical expectations about death and dying.²¹ The article related how the mother had welcomed the direct talk with the palliative care doctors and how they had all in turn spoken directly with the young boy. It related the poignant story of his final days, his trip to the

²⁰ Seligman and colleagues suggest that “modern societies...no longer have ritual as such a resource and must rely on what we are calling a sincerity mode of interaction as a mode of negotiating ambiguity” (46). One goal of this dissertation is to bring to light the competition, so to speak, between modes of negotiating ambiguity in modern day Thailand, with ramifications for scholastic assumptions, phenomenological assertions, and political subjectivities.

²¹ This media attention was due in large part to the work of the activities of Phuthikā, a Buddhist network working for social change, to be discussed in Chapter 2. For more on “truth telling” and disclosure of prognoses in Thailand, see Anant Thanaprasertgorn and Tana Nilchaikovit 1997.

ocean the day before he died, the love and connection the family shared having decided together to forgo intense technological attempts to prolong the boy's life.

Were those tears welling up in Aom's eyes? Just the glint off her glasses? Or perhaps simply the effects of a long day staring at cloth and thread? I could not be sure, though I imagined her thinking of Nok, her own daughter, and what losing her might entail. I pressed for us to discuss the matter a bit. Aom reiterated what I had heard before many times, namely that such direct communication of a terminal prognosis to a patient marks an enormous change in Thailand, that in the past no diagnosis was uttered to the patient for fear it would break the person's heart, shock them, and speed his or her demise. I asked if she would want this type of direct communication from doctors in her family affairs and she said yes. Surprised, I pushed further, presuming that she did not welcome the talk of death and that it was more or less forbidden regarding Khun Yai. But I was promptly told otherwise. Aom frankly said they do not talk about death because they simply do not know – that death depended now upon Khun Yai's merit and their karma.

Again, I pressed, trying to have her nail down exactly how karma could be used up, how one might surmise that they were properly dealing with the situation. As the narrative began to break down a bit, Aom admitted it was difficult to talk with the vocabulary of dharma. One was born into this life with karmic debts to pay, the roots of which could not be traced. You might do good expecting to reap the rewards in this life only to die and experience the presumed benefits in the next. She concluded it was better perhaps not to think about these things because otherwise you will only rail against your situation or ask unanswerable questions about why this karma has

to follow you. In line with the Thai logic of psychosocial support to be described in Chapter 3, Aom was clear: it is best to deal simply with what comes before you without turning the situation over and over in your mind, for to do so will just increase your suffering.

“When Khun Yai first fell ill, everyone was disturbed, they all came to see her, tried to settle their debts... but then those visits fell off, and who was left to care for her?”

The rhetorical question hung in the air between us for a moment.

“The first year, it was troublesome. Where would the money come from? What did we need to buy, what to prepare, how were we to make the special food, and so forth. The second year, it had become more familiar. And by the third year, we had tasted it all already; it was *sabai*, there was no more stress. At first, diarrhea would be a big deal – now, it’s nothing.”

And then, as if to put the matter of over-thinking to rest, she exclaimed: “We don’t need theory – we have field training!”

Indeed, it is precisely in this “field training” that the routine tasks of caring take on the familiar role needed to accomplish them with appropriate awareness in everyday life. Meaning-making does not come to dominate. Ordinary acts themselves become the vehicle for dealing effectively and efficiently with what lies ahead. They need not – perhaps must not – spell out the underlying premises, as I somewhat clumsily attempt here to do. Their bodies move to do the next right thing without having to glance at the instructions neatly written on the wall, without

needing even to pause or think. Aware in their routine, they deal with the unexpected as a matter of course. Thus profound transformations can occur, without their conscious control; they are simply and literally ‘technicians of the sacred,’ tinkering in the social world, attending to the gears so that the wheel of karma can freely spin.

VALUES IN ACTION

Ritual analysis, as presented in this chapter, begins to help divorce caregiving from the shroud of culturally contingent sentiment that normally clouds its assessment. Part of the work of this dissertation is to distinguish the values that force and enforce particular patterns of habituated action. In turn, care can be appreciated as practice and the work it accomplishes can be more adequately understood.

In *Moral Boundaries: A Political Argument for an Ethic of Care*, Joan Tronto provides key analytical categories and a historically grounded platform from which to discuss caregiving in this regard. Tronto describes four phases of care, including: *caring about*, or recognizing the need for care; *taking care of*, which involves taking responsibility for something (though this does not necessarily entail the direct actions of care work); *care-giving*, or the actual meeting of needs; and *care-receiving*, the response to care (see Tronto 1993, 106-107 for her of care definition conceived with Bernice Fisher).²² Tronto goes on to articulate the moral basis of care

²² In Tatsanii’s family, it might be helpful to consider the extended network who “care about” her, the sons who are “taking care of” her needs financially, and the daughters “care-giving” each day. This chapter has been devoted to the tasks of care-giving over and above the other elements of a broader definition of care. But in this Thai context, the line between care-giving and care-receiving may be to some extent blurred – though not in the way Robert Wuthnow described in *Acts of Compassion: Caring for Others and Helping Ourselves*, a work in which the logic of American volunteerism, for instance, is shown to promote care-giving as a way to “feel good.” It is not doing in order to, as Robert Wuthnow might say, “feel good.” But there is a reciprocal logic of *bun* and *kam*, in which doing one’s duties may be providing care for oneself through the “making” of *bun* or the “using up” of *kam*. For more on the cosmic hierarchy reflected in the concept of *bun*, see Ishi 1986.

in action, stating: "Good care requires that the four phases of the care process must fit together into a whole. Similarly, to act properly in accordance with an ethic of care requires that the four moral elements of care, attentiveness, responsibility, competence, and responsiveness, be integrated into an appropriate whole" (Tronto 1993, 136).²³

Tronto's use of "attentive" is instructive here. To be attentive can be understood in two ways. One, to be attentive is to recognize and attend to needs; in another vein, to be attentive is to be present, to have one's mental and physical energies aligned so to speak. There is a tendency, as I have argued above, to equate "true" and "meaningful" care with the latter form of attentiveness. That is how nurses are commonly seen to "care" – in a holistic and emotionally attuned manner – while doctors are merely efficiently (and coldly) competent. In Tronto's "ethic of care," "attentiveness" maps onto "caring about" – and as such focuses on the recognition of need. Thus this stands in marked contrast to the majority of work on care – in philosophy, medicine, nursing, and feminist literatures alike.

This contrast highlights the influence of a "sincere" frame of reference in American care discourse and the historical situatedness of such an emphasis on attentiveness. In a telling article entitled "Understanding Caring in Contemporary America," Robert Bellah argues for "paying attention" as the key to addressing the "crisis of care" in the American helping professions. He claims "attention is how we use our psychic energy," and goes on to explain, "when we are giving our full attention to something, when we are really attending, we are calling on our

²³ It is possible that multiple parties could contribute to the four phases of care. This possibility will become key to arguments pertaining to the social body and the social good of hierarchy, as discussed in subsequent chapters.

resources of intelligence, feeling, and moral sensitivity” (Bellah 1994, 28).²⁴ Again, ritual terms help to divorce caregiving from the shroud of culturally contingent sentiment that normally clouds its assessment. As Tronto states (following Sara Ruddick), “the way to avoid over-idealizing care is to think about it in terms of practice” (Tronto 1993, 118). Witness: Ying is a grateful daughter because she performs the duties of a grateful daughter.

Tronto’s argument allows seeing ritual as a way to distinguish caregiving work from internal orientations and emotional states, while opening the analysis to additional social, moral, and political questions. Of course, “ritual” as such is not part of Tronto’s claims. What’s more, hers is an admittedly American argument, utilizing concepts, such as autonomy, that are not directly related to the Thai case I am presenting; nevertheless, she provides key analytical categories and a historically grounded platform from which to discuss caregiving and its political ramifications. Thus it becomes clear that the danger of overlooking a ritual frame of engagement is to fall into an oft repeated trap in the analysis of care; as Tronto attests: “Both the devaluation of care as work, and the location of care within trivial, private, and emotional states, make understanding the broader social, moral, and political ramifications of care difficult” (Tronto 1994, 112).²⁵

Attention, responsibility, competence, and responsiveness are indeed values in the Thai setting, just as Tronto contends in the American context. But the specific valence of these terms

²⁴ Bellah goes as far as suggesting that acts conducted in a rote manner are “disordered” situations of “alienated attention” and that cultivation of our selves and our relationships is possibly only with the full “attention” as he describes (28).

²⁵ Although ritual too has tended to suffer the same fate in scholarship, this is an attempt to rescue both simultaneously.

requires consideration, as does the particular lineage in which they arise. Noted Thai scholars have cautioned against taking at face value those elements of Thai society that seem simply to confirm expectations, that make the “difference” one might encounter in Thailand more palatable or more familiar. For example, Thongchai Winichakul, Rosalind Morris, and Alan Klima have all taken umbrage at scholars who utilize elite discourse regarding Buddhism, for instance, as indicative of thought, belief, and/or action in Thailand at large. As Klima argues,

...the progressive Buddhists [here a stand in for “reform Buddhism” or even Buddhism in a “sincere” frame, as I have depicted it] hold out a difference that legitimates Euro-American values as quasi-universal, in that those values appear to originate from an ‘other’ setting...Ironically, the source for this Buddhist otherness is often, historically, an adoption by the purported ‘others’ of what they themselves perceived as either Western or modern styles of thinking. (Klima 2004, 19)²⁶

So the challenge is to give a sense of what Arthur Kleinman might call a “local moral world,” in this case, depicting the logic of “care” while untangling the knot of historical precedent and global exchange.

Subsequent chapters will take up the issues that arise from here on phenomenological, social, and political levels. Questions to be addressed include: If care is neither contingent on the internal orientation of the giver nor the sentiments of the receiver, how do social relationships function in the performance of care? What values are enacted in such interpersonal dynamics? Can we trace a lineage (social, political, religious, or otherwise) in the Thai tradition to account for care in this regard? What is the place of such basic moral sentiments as responsibility, gratitude, suffering, and compassion in such a lineage? Can ritualized behaviors in other contexts

²⁶ Klima goes on to cite Robert Sharf, in regards to “American fascination with the Western-trained Zen philosopher D. T. Suzuki,” that makes this point: “Westerners have found in his [Suzuki’s] teaching their own philosophies repackaged to them as ‘oriental wisdom,’ apparently rendering them both intuitively true and irreproachable due to their inaccessibility as Zen truth” (Klima 2004, 19).

be understood as care as well? To what end? And if, as Tronto argues, “caring about, and taking care of, are the duties of the powerful,” and “care-giving and care-receiving are left to the less powerful” (114), what are the political aims and implications of increasing attention to care in more “sincere” frames evident in the Thai context today?

Chapter 2. Volunteers and the Spirit of Caring for the Elderly:
A History of Pity, Class, Gender, and Power in the City

Introduction

I first met Aom and Ying by way of a volunteer-based home care project for the elderly in the Chiang Mai municipal area. Their volunteer, Mau Fah, is a retired nurse who is fairly well known in their community.¹ One day, as we sat together in her kitchen, I asked Mau Fah to comment on my research and her experience of volunteering.

As I explained to Mau Fah that day, I originally came to Thailand to study end-of-life care and the hospice movement taking shape there. But as I began to work with elderly people and their caregivers, I quickly realized that in fact people did not talk about death in the ways I had been primed to expect by the palliative care literature. What's more, I started to recognize a clinical influence in even the most "humanized" palliative care initiatives,² and soon found that my original research questions regarding care "for the dying" were themselves biomedically based. That is, a biomedical prognosis seems to dominate the determination of whether or not a person is in the last stages of life: the term "end-of-life" (*rayasutthāi khōng chīwit* ระยะสุดท้ายของชีวิต) is itself a new, medically-influenced phrase, and even the more colloquial term *klai t̄ai* (ใกล้ตาย), or close to death, was rarely used by the people with whom I worked.

¹ Mau Fah arranged for the monks to visit Aom and Ying's mother, as described in Chapter 1.

² The effort to "humanize" medicine is a major initiative in the healthcare system in Thailand, led in part by the influential figures of Dr. Prawase Wasi and Dr. Komatra Chuengsatiansup. Under the auspices of "humanized medicine," leaders hope to overcome the problems that plague biomedical systems the world over, using Buddhist and other philosophical traditions to take the entire person into account in treatment plans and to bring about a revolution in medicine. I will discuss palliative care and other attempts at social change caught up in the movement for "humanized medicine" below.

Thus a focus on dying seemed an imposition on ordinary experience. I had in turn altered my research in order to avoid conditions so narrowly defined by the medical gaze, deciding instead to focus on the experience of lay caregivers for dependent elderly and the chronically ill more generally.

So I asked Mau Fah if she could tell me, despite all the barriers I had encountered, how people in her community actually confronted death. The conversation that followed, as I will recount below, reflected notions of karma and merit as discussed in the previous chapter. But given her emphasis on practical or instrumental aspects of aid to others, she also draws attention to the contradictory nature of volunteerism in this context. Thus Mau Fah's story provides a starting point for unraveling the knot of influences converging in the realm of volunteer care and public health for the elderly in Thailand.

When it comes to death and dying, Mau Fah said that people follow *kam*, or karma, above all else. She talked of Buddhism, which, she said, teaches that we can know when we are born, but cannot know when we will die. But rather than embrace this fact, she claimed, most lay people do not dare think about death because they fear it.³ She, on the other hand, had recently discussed the matter of her own death with a trusted monk. She assured me she did not ask him for encouragement (again setting herself apart from what she perceived as typical for others); instead, she and the monk had discussed the importance of mindfulness (*sati* สติ) in life. We

³ Mau Fah is categorizing lay Thai Buddhist people in this way. Meditation on corpses and other forms of confronting death (see, for instance, Alan Klima's *Funeral Casino*, 2002) are of course well known. And of course there are several "schools" of Buddhism, which makes articulating of a "standard doctrine" impossible. But here, Mau Fah is giving her take on practice in general, among ordinary people, as they almost instinctively avoid contemplating the inevitable.

must be mindful as we die, she said, as prescribed by Buddhist doctrine.⁴ She knows she is old, she accepts her time is limited, and she plans for the end by practicing mindfulness meditation and seeking counsel on such matters. Of course, she repeatedly reiterated, her perspective is uncommon. She acknowledged that most people do not attend to morbid thoughts or bodily transience. She thus set herself apart from others, even via the practice of Buddhism: since most people follow the common logic of replacing unpleasant thoughts as they arise (a logic of psychosocial support I will discuss in Chapter 3), Mau Fah felt others did not actively think of such things.

But how, then, did people support one another? I asked her whether she thought social support – whether through religion or the community – would focus on the person dying or on those who were left behind. Here she explained that, for the most part, families support themselves. No one really supports from the outside, except perhaps through the activities we had discussed in references to her work as a volunteer – which involved things like giving new blankets or hosting a pleasure trip for the elderly. Were such activities a form of emotional support? Answering indirectly, Mau Fah told me such actions comprise a form of social harmony. That is, people take part in these activities, enjoy themselves, and trust that benefits will arise as necessary. She went on to emphasize that religious ceremonies for making merit were frequent – so if someone were going to make merit at a Buddhist temple, or anywhere for that matter, others would join. The implicit message here was that volunteering to do a host of

⁴ Although we did not explore together *why* mindfulness was so crucial at death, her testimony seems to fall in line with many strains of Buddhist cosmology regarding possibilities for rebirth as dependent on the quality of mind at the moment of death.

activities, even if not directly related to the physical care of individuals, was in fact considered appropriate and beneficial.

Mau Fah has somewhat complicated ideas in this regard. She was educated during the Second World War at a Catholic School and spent her career as a nurse in a Catholic hospital. She repeatedly told me how much she admired the Christian missionaries and their forms of volunteerism, including long stretches of dedicated medical assistance and the donation of money to those in need. In contrast, she had great disdain for the cadres of Thai government volunteers, whom she saw motivated by money, position, and power rather than altruism. And although she had heard of the new “spirit of volunteerism” movement (*chit`āsā*, จิตอาสา) via the renowned Dr. Prawase Wasi, she did not feel the sincere and heartfelt practical engagements promoted in such an idealistic movement need map onto merit-based activities that characterized her own volunteering with a local project – itself a collaboration between a local Thai NGO and a UK-based international humanitarian aid organization, working together to initiate a Korean model of volunteer-based home care.⁵

Hence the knot. There are an enormous number of “volunteers” on the ground in Thailand today – though their mandates and motivations vary considerably, making the strands

⁵ HelpAge Korea, a local chapter of the UK-based organization HelpAge International, developed the model for this volunteer program in the late 1980’s to aid elderly people in Seoul. Spurred on by the UN sponsored Madrid International Plan of Action on Aging 2002, HelpAge Korea and HelpAge International created an agreement with ASEAN to implement similar programs based in all 10 of the ASEAN member countries, through partnerships like the one in Thailand. I based my research in part with the local NGO in charge of implementing this Korean model in the Chiang Mai municipal area. This group worked closely with HelpAge International: run and staffed by Thai nationals, the organization itself was founded in conjunction with the UK-based umbrella organization, and thus they provided a rich context to observe an international flow of ideas, as will be discussed below.

of volunteerism a challenge to untangle. I based my research in part with the Thai-Korean-UK volunteer initiative of which Mau Fah was a part (more on that below), and was thus ensconced in volunteer activity for much of my time in the field. Nevertheless, early on in my work, people often told me, “Thais don’t have a concept of volunteering,” and that “volunteer programs are a product of the West” (with Korea fitting into this Western schema). Volunteers, such people would insist, seem strange and unnecessary to locals. Right away then, my concept of “volunteering” was unsettled, as Thailand’s government hosts one of the most impressive volunteer programs in the world. The Thai Ministry of Public Health has over 800,000 public health volunteers (*Aw Saw Maw.*, อสม.)⁶, which, for the last 30 years, have had a presence in every village, if not every family, in the country. Moreover, the success of the public health volunteers has spurred other government ministries to follow suit, with volunteers now found everywhere, from the parks and recreation service to the police force. Add to that the increasing use of the term *chit`āsā* (จิตอาสา) or “the spirit of volunteering,” in a wide variety of popular and professional settings since 2004, and the picture complicates even further.

This all becomes greatly relevant for the care of the elderly as volunteer initiatives become increasingly important in national programming for older people.⁷ All of the most

⁶ The program is the Village Public Health Volunteers (*‘āsātmak sāthānnasuk pračham mūbān*, อาสาสมัครสาธารณสุขประจำหมู่บ้าน (อสม.), here abbreviated *Aw Saw Maw*. For ease of reading, for *Aw Saw Maw* I do not follow standard Library of Congress transliteration for this and other abbreviations.

⁷ It is important to note here that “older people” are people over the age of 65. Certainly “elderly” does not fit for the majority of people at the younger end of the spectrum that this term designates, and there are movements afoot to create greater specificity within the category of “older persons”. Thus we find, particularly out of the nursing community, three categories for older people: those who are active and independent, those who need some assistance with daily tasks, and those who are completely dependent (bedridden and the like). Most of the volunteers working for older people are over the age of 65 themselves, but I save the critique of this title “older people” itself for a later date.

popular programs today for addressing the problems of an “aging society” in Thailand include volunteer involvement. Academic nursing centers, nongovernmental organizations, and a string of government ministries are all getting behind volunteers as the first line of defense for older people in need.

How can we understand such massive volunteer efforts in a place where some can claim to have no concept of volunteering whatsoever? What are the competing lineages of charity at work, and how are they changing or adapting? What effect do these programs have on the everyday lives of caregivers today, and how might that change in the future?

In this chapter, I provide an overview of the competing understandings of volunteerism afoot in Thailand. I try to trace the lines of influence converging in these various strands, in part by distinguishing among governmental, nongovernmental, and self-proclaimed “network” volunteer efforts. I begin with a brief exploration of volunteer definitions and theories circulating around the globe, and move on to key modes of volunteering in Thailand today in these three sectors.⁸ Class, gender, religion, and power are central themes throughout – though in the final analysis, I argue that, despite the clear trends in attempting to build a new base of volunteer caregivers, complete with allegedly new motivations for social action, a common moral core seems to persist across time and across all manners of organized social support.

⁸ The “network” here is not exactly separate from these other sectors (governmental and nongovernmental sectors as well in fact as the private sector); however, crucial aspects of the analysis are accomplished through the separation.

What is a volunteer anyway?

Much has been written about volunteers in the American context. The voluntary associations so admired by Alexis de Tocqueville are thought to form the basis of American democracy, and some even consider volunteer organizations to be the hallmark of all democratic societies (Putnam 2000).⁹ Often linked to Christian ideals, volunteers in American popular culture are thought to be people who give freely of themselves, moved by what Weber might link to a Protestant “calling” to do something good in this world. The organizational capacity and management capabilities of American institutions committed to volunteer work is admired around the globe, and people in the Thai government, as well as in civil society and the business world, have taken great pains to learn from these achievements (See สุนิตย์ เชรษฐา Sunit Charettaa, วินัย เมฆไตรภาพ Win Makdtrophop, and TRN Institute 2005).

But what exactly does volunteering entail? What distinguishes a volunteer from other types of engaged citizens or neighbors? And can volunteers be understood in the same way the world over?

In Thai, the most common word for volunteer is *`āsā samak* (อาสาสมัคร). According to the Thai Royal Institute Dictionary, the first part of this compound word, *`āsā*, as a verb means to offer oneself to do something; as a noun, it means a want, a need, a desire. As a compound, *`āsā samak* means to offer oneself to work with the willingness to volunteer (*samak čhai*

⁹ This point is not without contention, and debates about voluntary civic engagement rage in political science; however, for an account that places volunteerism at the heart of American democratic organizing, see Stout’s 2010 *Blessed are the Organized*.

สมัครใจ) – with *samak* a verb meaning to apply or, itself, to volunteer.¹⁰ The term is generally deployed in full only in relation to organized settings, where volunteer involvement is articulated as such.

According to the Thai Rural Net’s 2007 study of the laws concerning volunteers and charitable giving in Thailand, volunteers were first present in Siam during the reign of King Rama V, around the turn of the 20th century.¹¹ Given recent renewed interest in volunteerism and various attempts to reinvigorate the prominence and moral valence of this kind of organized social action, this publication attempts to review the historical trends in volunteering in the country and the laws and policies that have helped define the practice. The TRN contend that these first volunteers were convened largely in service of the development of the nation state. A traditional history follows: volunteer associations rise as democratic principles take hold, economic boom times temper volunteer participation, which are nevertheless bolstered again amidst economic crisis.¹² But the biggest shift the TRN authors note comes in 2004.

Coincidentally following on the coattails of the UN declared International Year of Volunteers (2001), the devastating Indian Ocean tsunami of 2004 not only wreaked havoc in the south of

¹⁰ There certainly is the problem of defining a word with itself throughout Thai discussions of volunteering.

¹¹ สถาบันไทยรูรัลเน็ต (Thai Rural Net). 2550 (2007). กฎหมายที่เกี่ยวข้องกับ อาสาสมัครและการให้ (Laws Concerning Volunteers and Giving).

¹² The largest model for Thai volunteers at the turn of the century seems to be the Red Cross, and the early Siamese Red Cross Society was established in 1893, under patronage of the King. After the abolition of the Absolute Monarchy in 1932, Thailand’s volunteer organizations were few, though a handful of important groups arose in these early days, with emphasis placed on bringing help from urban areas to the countryside (Primary among these examples is Dr. Puey Unpakorn’s Thammasat Graduate Volunteers). The early 1970s is pointed to as a time of increased volunteer activity, as 1973 ushered in a student-led revolution for democracy – only to be drastically lessened following the military crackdown of 1976. Nevertheless, through the 1980s, with ideals of democracy greatly present, volunteer groups increase. Of particular note is the development of the Thai Volunteer Service in 1980, formed with the explicit purpose of raising the consciousness of young people and the development of Thai society.

Thailand but also brought forth a groundswell of voluntary forces unprecedented in Thai history. As a result, or so it is claimed, we see in the last decade or so an increased attention to and demand for *ĉhit`āsā* (จิตอาสา) – or the “spirit of volunteering” – as the key ingredient in volunteer work.¹³

The emphasis in the term *ĉhit`āsā*, as opposed to merely *`āsā samak*, is on the mind/soul’s desire or motivation to help others. This represents a subtle move on the part of *ĉhit`āsā* promoters. In the 2001 Thai Charter for Volunteers (*padinyā`āsātmaḥ thai* ปฏิญญาอาสาสมัครไทย), volunteers are defined as individuals who: freely come together to help society; sacrifice (*sīa sala* เสียสละ) in order to help others; protect, serve, and develop society; and want nothing in return. These are threads that weave their way into nearly all Thai volunteer policies, though sometimes with caveats, such as those that demand volunteers are gainfully employed elsewhere (the context of volunteer probation, out of the Ministry of Justice, บริบทของอาสาสมัครคุมประพฤติ กระทรวงยุติธรรม), or those that clarify volunteers can be within both government and public welfare organizations (see the Royal Act to Support the Welfare of Society 2003, พระราชบัญญัติ ส่งเสริมการจัดสวัสดิการสังคม). All volunteers, all *`āsā samak*, might then be assumed to have this so-called “volunteer spirit,” given their free offer of help in the development of society. As will be reviewed below, such was indeed the

¹³ The Thai Rural Net’s treatise is not an attempt to trace the rise of *ĉhit`āsā*; on the contrary, it seems to be a document largely supporting the change in emphasis in order for Thai society to realize greater volunteer saturation, with little critical assessment. I simply do not have the archival materials to trace with more exactness when we see the increased prominence of this word, *ĉhit`āsā*. I cannot be certain it does not appear in volunteer platforms prior to 2001 – though it certainly does not appear in any of the laws and policies outlined by the Thai Rural Net, all the way up to 2004. However, I do know that people seem to agree this is a new term, and I have heard tell that it is finding its way into many factions of Thai society, from government workers to motorcycle taxi associations. In the discussion of the “spirit of volunteering network” below, I trace one possible source of the term, as propagated by a key leader in this network.

proclaimed nature of all Thai volunteer work since at least the 1970s. So with *chit`āsā* then comes a slight change in emphasis, an attempt to classify forms of volunteering, with the implicit message that the spirit of volunteering accompanies (only) the best type, the truest and most trustworthy of volunteers.

As a point of comparison, Ellis and Noyes provide the following definition in their 1978 history of American volunteerism: “To volunteer *is to choose to act in recognition of a need, with an attitude of social responsibility and without concern for monetary profit, going beyond what is necessary to one’s physical well-being*” (10). Here we see many similarities with the 2001 Thai charter. However, this description is carefully worded to avoid problematic points in other standard definitions, primary among them the requirement that all volunteer work is to be done without pay and without desire for something in return. A key issue in volunteerism globally is the issue of remittance – and certainly the specter of self-interest lurks behind many critiques of volunteerism in Thailand today (as Mau Fah, for one, admitted to me freely). But as Ellis and Noyes conclude, “as long as the basic elements of choice, work toward a social goal, and lack of profit are present, the other personal reasons why someone volunteers are largely irrelevant to this discussion” (*ibid.*, 9). Building one’s resume, receiving a small remittance to defray the cost of services rendered, and so forth, are all permissible in such a rendering of volunteerism. In this way, the boundaries between amateur, professional, and volunteer can and often do blend.

In Thailand, a nurse in the deep south “volunteers” after hours by removing her nursing uniform and visiting patients to talk about palliative care options.¹⁴ A community member “volunteers” to participate in a new public health campaign upon the “request” of the village headman. A woman “volunteers” to be president of a new association after she is “chosen” by her peers, and in turn earns a host of new privileges and a new degree of status in her new role. A group of insurance agents “volunteer” on a day trip to build houses in the impoverished Northeast as part of their company’s policy of “corporate social responsibility.” At the very least, free choice is here called into question. Again, Ellis and Noyes provide a point of international context:

It is revealing to begin looking at modern volunteerism through the cluster of fields most associated with the economic base of our society. For, despite the profit making factor integral to labor, agriculture, business, communications, and transportation, all these areas also include activities clearly fitting the definition of volunteer work. Such volunteering is frequently forgotten or unrecognized. (Noyes and Ellis 1978, 229).

What’s more, such volunteer work frequently forms the basis of later-to-be institutionalized structures of social welfare. Yet here in the Thai case, under the banner of “*chit`āsā*,” there seems to be a doubling of efforts to keep the ranks of volunteerism tight – not via restriction of fields, as will be explored below, but through a definition of right action and right motivation.

In the American context, Noyes and Ellis can safely claim that, “with few exceptions, volunteers are perceived as do-gooders, meddlers, radicals, or those foolish enough to work for ‘nothing’ ” – often women, generally unskilled (3). Their task, then, is to counter these

¹⁴ Indeed, professionals committed to furthering the palliative care movement often work “after hours” through a commitment to establishing end-of-life care programs in their hospitals or clinics. More could be said here, of course, regarding the establishment of certain kinds of intimacy and the building of rapport with patients, as well as the mandated “volunteer” hours in American and UK hospice models.

inaccurate stereotypes. In the Thai context, as Mau Fah indicated, slightly different sets of stereotypes are at play, as I will explore throughout the remainder of the chapter. In the longstanding public health volunteer program, as will be described below, one finds the root of what Mau Fah described as non-altruistic motivations for money, prestige, or others aspects of self-interest. And tensions remain between volunteerism and supported community service (see Corkdale 2005), particularly in pitted terms of payment and free will, intention and accomplishment. But the power struggles over who is truly a volunteer and where the concept comes from, I will argue, obfuscate an enduring moral map, based on merit and karma, that continues to motivate volunteers of many varieties to participate in civic action in a manner consistent with traditional logics of psychological and social support. What's more, the promotion of volunteerism in the realm of elderly care obscures root problems in the social welfare needs of the population. While volunteer initiatives can harness a tremendous amount of energy and social capital, the actual caregiving realities of the population are often inadequately assessed, overshadowed, or otherwise manipulated by the rhetoric of "traditional values" and other platitudes of Thai identity that form the justification for the volunteer programs themselves.

SECTION I: GOVERNMENT

The Thai Government's Promotion of Volunteer-Based Home Care for the Elderly

In 1999, the Thai Department of Social Welfare (*krom prachāsongkhro* กรมประชาสงเคราะห์) conducted research on the needs of older people and found that approximately 7.3% of people over the age of 65 had no one to care for them (www.ryt9.com/s/cabt/103951). Compelled by such statistics and the growing threat of their soon to be "aging society" (in which over 7% of the entire population is over the age of 65),

various government officials conspired to take action. A pilot project was launched in 2003-4 in 8 provinces, divided among all four regions of the country,¹⁵ to harness the power of volunteers to take on the nation's long term elderly care needs. In 2005, the program expanded to an additional 15 provinces; by 2005 it was in 48; and as of 2011 the program covers 75 provinces, with a total of approximately 5,000 volunteers caring for 30,340 older people in need.¹⁶ The Council of Ministers (*khana rattha montri* คณะรัฐมนตรี) approved the official expansion of the program – Volunteers Caring for Older People at Home, or *Aw Paw Saw* (อพส.) – signing its existence into law under the administration of the Ministry of Social Development and Human Security in 2007, as part of the nation's "Aging Society" policy. By 2013, the government claims the entire country and every older person in need will be covered under its auspices.

Aw Paw Saw volunteers are each responsible for five elderly people in their communities, charged with visiting them at least twice per week and taking care of their needs as appropriate. Qualifying older people include those who cannot take care of themselves, have no caregiver, are abandoned (or "thrown away"), live alone, or are otherwise neglected. The program officially intends to help older people without caregivers to stay in their communities or families, to raise consciousness regarding the importance of caring for one's elders, to establish volunteers as "neighborhood social workers" able to care for the older people in their communities, and to "establish local networks or systems of cooperation between the government, the private sector, and citizens for the care, help, and rehabilitation of the health, happiness, and spirit of society"

¹⁵ The pilot project included 8 provinces (2 from each region – Central, Northeast, North, and South), including: Petchaburi, Supanaburi, Konkaen, Toiet, Chiangmai, Pitsanulok, Sonklaa, and Suraattaani.

¹⁶ According to research conducted in 2006, about 459,140 older people live alone – approximately 7.1% of the population over the age of 65.

(www.ryt9.com/s/cabt/103951).¹⁷ Volunteers must then have the “willingness” to be *Aw Paw Saw*, have time to perform their duties continuously, have appropriate maturity and qualifications, be able to read and write, complete foundational training, and have knowledge of caregiving before performing their duties.

This program is modeled in part after the highly successful Ministry of Public Health volunteer program, the *Aw Saw Maw* (อสม.). Initiated in the 1970s following the World Health Organization’s post Alma Atta global primary health care initiative, there are currently over 800,000 public health volunteers taking part in this program, with a presence in every village, if not every family, in the nation (See ลีอชัย ศรีเงินยวง and ยงยุทธ พงษ์สุภาพ 2009). As previously noted, many other governmental bodies have followed suit since, recruiting and using volunteers in every conceivable ministry.

Volunteers for hire

In 2008-2009, the *Aw Saw Maw* came under fire, as the government voted for the first time to *pay* these “volunteers” for their service. It is a nominal fee – 600 Baht, less than \$20, per month – but it served to tarnish the volunteers’ reputations in the eyes of many. The situation, however, is not clear-cut. These volunteers, many poor themselves, give of their time and energy to implement the ever-increasing demands of the Ministry of Public Health. From infectious disease eradication to family planning, these volunteers are burdened with carrying out the bulk of the government’s health education programs, as well as various surveys and basic health

¹⁷ I translate *naksangkhomsongkhrø phuñbān* (นักสังคมสงเคราะห์พื้นบ้าน) as neighborhood social workers, though the term could be otherwise parsed as “local” or “indigenous” social workers. (Citation referenced in text by URL cited in bibliography under คณะรัฐมนตรีชุดพลเอก สุรยุทธ์ จุลานนท์ 2007.)

interventions. The fee was proposed to cover the expenses that these volunteers incur as part of their service, rather than as a profitable salary. The goodness of one's own heart can, it was argued, only go so far; one must not go broke by doing service. Yet some fear that the government's willingness to pay these people will only further increase the Ministry's expectations.¹⁸ Others fear the fee will be the primary motivation for many would-be volunteers, negatively affecting their job performance.¹⁹ Still others see this as but another extension of the ulterior motives of government volunteers, citing the political aspirations and ladder climbing of numerous volunteers in their areas. Recall again Mau Fah, who has long distrusted these government volunteers, believing they are by and large motivated by money, position, and power more than by altruism, and therefore cannot be trusted to protect the people and to work for the betterment of society.

To make matters more unsettling, "volunteers" cannot necessarily here (both in the *Aw Saw Maw* and the *Aw Paw Saw*) be equated with those who take on their tasks of their own free will. That is, in many parts of the country, village headmen and other leaders put pressure on people to become public health volunteers – and the same pattern seems true for the newly developing *Aw Paw Saw* volunteers for older people. If people are "strongly encouraged" to participate and/or receive some benefit from doing so, can they be good volunteers? Again, we are left with a dilemma regarding people's internal orientations, forced to reckon with the unseen and ultimately the unascertainable.

¹⁸ Indeed, some – including those heading academic nursing programs – have proposed charging the *Aw Saw Maw* volunteers with the care of older people at home.

¹⁹ Payment for *Aw Paw Saw* (အပူအ.) is often done "in kind" just as with the *Aw Saw Maw* (အစုအ.) in the past, they are often paid in food and trips to help encourage their work. In the past, the *Aw Saw Maw* got special health benefits, a big incentive before the universal healthcare plan.

These however are not the concerns of the government. The implementation strategy of the *Aw Paw Saw* reveals a key government assumption regarding these newly minted volunteers: to participate as a Thai volunteer is to be supported to do what you, as a good Thai neighbor, would want to do already. Thus the government calculated how many of these good Thai neighbors it must support based on the total number of older people in need, divided by five (that is, calculating five older people per volunteer). The trainings are in turn carried out “by the numbers” – with approximately forty volunteers recruited, trained, and deployed per catchment area. Remittance is planned at approximately 200 Baht per volunteer per month.

Duties

How realistic are these governmental expectations? The *Aw Paw Saw* have the following official duties:

- Take care of the needs and desires of older people who are unable to care for themselves and/or abandoned by others on a regular and consistent basis;²⁰
- Disseminate relevant information to older people and communities;
- Spread knowledge in their communities about the appropriate care of older people;
- Be a vehicle for connecting older people with appropriate services and social welfare benefits (both for the aged and the disadvantaged)
- Care for 5 older people, at least two days per week every week (See <http://www.chainat.m-society.go.th/volun-agde.htm>)

Activities relevant to these duties then include: talking and advising, helping with food and drugs, bathing and dressing, cleaning the house, exercising, accompaniment to doctor appointments, emergency delivery to hospitals, leisure activities outside one’s house,

²⁰ Note that the definition of “Older Person” is quite loose. It often refers to people over the age of 60, and people even younger are sometimes included in various government programs aimed at the elderly. Not very old, indeed!

participation in village meetings and other community activities, and transportation to religious gatherings.

The depth and breadth of the activities enumerated here represent a radical departure from standard expectations of volunteers. In Komatra Cheungsatiansup et al.'s 2007 study of the public health volunteers, researchers found that the *Aw Saw Maw* were incredibly good at information dissemination, but much less successful with tasks that required consistent and sustained interactions. This throws doubt on the assumption that volunteers will be ready and able to accomplish all that is expected from the *Aw Paw Saw* program. Even in the United States, where volunteers have historically formed the backbone of important social welfare and service systems, people are rarely performing intimate tasks in other people's homes, particularly those that demand physical contact (see Ellis and Noyes).²¹

It may also be important to note that the intended reach of the project extends beyond the aid of individual older people in need of services. As promotional materials attest:

The project of Community Volunteer Caregivers for the Elderly does not only positively result in the elderly life quality directly, but also significantly encourages family members and community members who previously might neglect or not pay attention to the elderly, to review their conduct and realize importance of taking proper care of the elderly including their necessary treatment or dealing with the elderly in their own family and community...

In addition, this Project also plays a significant role in making the culture, tradition, and practice of the society to enhance the unity of the society, because it promotes respect, gratitude, help, assistance and care toward the elderly." ("The

²¹ Even hospice volunteers – who are mandated to conduct 5% of hospice work in the United States – are restricted in their care provision by strict laws governing what tasks volunteers can perform. Litigation concerns fuel these restrictions; as a telling example, hospice volunteers are not permitted to lift a patient who has fallen in the home during their visit.

Bureau of Empowerment for Older Persons initiates the Pilot Project: Community Volunteer Caregivers for the Elderly,” 68)

Hence there seems to be a type of cultural reinvigoration or mobilization campaign embedded in this program. The mechanisms for such an undertaking might be considered a test of governmental influence on the social world in the age of decentralization, the new system of government administration since the rise to power of former Prime Minister Thaksin Shinawatra. Program goals are conceived nationally, but local administration of the program is handled by provincial ministries and district officials without direct support from Bangkok (see Mutebi 2003, Tanet Charoenmuang 2006.)²² Thus, protocol is standardized, but implementation varies to some extent by place, depending on resources mobilized, the skill of local staff, and so forth.

A family affair?

None of the families with whom I worked in the Chiang Mai municipal area were visited by *Aw Paw Saw* government volunteers because a nongovernmental organization (the Foundation for the Development of Older Persons, or FOPDEV) was responsible for implementing the government program within the city limits and used an alternative protocol, which will be discussed in the next section. But through Bree, the head of the government’s programs for older people in the Chiang Mai Province, I learned a bit more about the *Aw Paw Saw* volunteers in nearby districts.

²² Of course, as part of decentralization, “CEO governors” are appointed at the national level; instead of speeding the decentralization process (purportedly an attempt to cast off the “impacts of cultural centralization”), the system seems more an elaborate “recentralization” process. Much programming remains top-down, as seen here, with power re-entrenched in Bangkok. One could argue that the prominence of “aging” issues themselves are born and bred in this recentralization of power – though I leave that discussion for Chapter 6.

Bree is a chipper young woman from the Northwest of Thailand, 39 years old, with stylishly cut short hair, down-to-earth mannerisms, and a warm personality. One morning we gathered at the City's main public nursing home, where Bree's office is housed, in preparation for a daylong series of site visits. Our company included: our van driver, a stocky man who wore rhinestone-studded sunglasses at complete odds with his manly country style; Bree's fellow office worker, a young man with an affable personality; a young woman from the NGO FOPDEV; and a video worker from Chiang Mai University, charged with taking footage for a promotional video about the *Aw Paw Saw* government volunteers. The mood was jovial, and we headed off north, quickly leaving the city limits behind.

Bree's work in this capacity began in 2005, under the auspices of the Project to Prepare for an Aging Society (*khṛōṅkān trīam khwāmphrōm sū sangkhom phūsūng`āi* โครงการเตรียมความพร้อมผู้สังคมผู้สูงอายุ), a project of the Ministry of Social Development and Human Security. The volunteers are one of six parts of the project, which also includes preparing those aged 45-60 for old age, working with families of older people, renovating houses for poor older people, creating community savings initiatives, and harnessing the wisdom of older people for social good. We thus made stops at a local community bank and a master basket weaver's house, on our way to a group ceremony and lunchtime gathering of one district's 34 volunteers.²³

²³ In a perfect example of the government's "by the numbers" approach, each Chiang Mai district currently involved in the program has 34 volunteers. (The numbers here are eerily consistent, yet expansion "by the numbers" is precisely how the government programs function.) These groups of 34 then elect a president, in charge of distributing the government's monthly allowance (300 baht – or roughly \$9 – per month, per volunteer). In the particular district we toured that day, the volunteers themselves get 200 of the 300 Baht directly – with the rest divided for administrative costs and various forms of welfare. The group itself, not the government, is responsible for keeping tabs on its volunteers, though every participant is required to keep track of visits, following certain reporting practices that theoretically could be audited at any time. (Incidentally, Bree is also in charge of a number of programs for children and the disabled, adding a stop along the way to deliver a check to a young disabled girl and to visit a kindergarten school.)

The *Aw Paw Saw* share many similarities with their public health volunteer counterparts, but Bree was quick to make certain distinctions. For one thing, the fledgling program for elders is certainly not as well known. For another, most of the volunteers are in fact relatives of the older people for whom they care. As Bree described it, these volunteers are often grandchildren or other relatives (*lūk lān* ลูกหลาน) who, through these government efforts, are supported to do what they would want to do to support the older people in their families. These folks then had “more freedom” than their public health counterparts to “follow their heart” – implicitly distinguishing them from those who are increasingly thought of as poorly paid civil servants doing the government’s public health bidding.²⁴

Thus Bree expressed her hope that the new *Aw Paw Saw* volunteers would eventually be well known for their “spirit of volunteering” – or *ĉhit`āsā*. I was somewhat surprised by her use of this phrase, a term made popular in the context of civil society efforts. She indeed acknowledged that this was a new term, one that signaled a new orientation to volunteering in Thai society. What exactly such a change signifies will remain a theme throughout the remainder of the chapter. In part, the notion that people are motivated by an inner desire to help others – essentially the heart of *ĉhit`āsā* – is useful rhetoric for the government to employ to escape allegations that they are using “volunteers” as a source of cheap labor. Yet it is important to understand that, in the government formulation, this spirit of volunteering is not in contradistinction to the *tōp thān* (ตอบแทน) or compensation that comes in the forms of travel,

²⁴ Of course, it is likely that the public health *Aw Saw Maw* volunteers began in exactly the same fashion – a network of people able to distribute important information, tools, and skills to their families through connection with the public health ministry. The future of course remains uncertain then for the volunteers for the elderly, for whom success could spell increasing governmental demands.

accolades, food, or others types of remuneration for volunteer activities. (This all of course is underscored by the lack of oversight concerning how allocated monies are actually used in this and other similar programs.)

The large group gathering we joined on our outing to the countryside is a good indication of how government initiatives like this are often critiqued as ineffective at best, and corrupt and corrupting at worst. In a typical strategy of program organizers, participants are often brought together for a group activity – often a Buddhist oriented ceremony of some sort – followed by a meal. On this particular day, all 34 volunteers in the district came together in the community’s meeting hall, wearing matching shirts advertising the program, to make merit together – which involved speeches from community leaders, chanting, lighting of incense in front of Buddha images, and pouring of sacred waters. We then gathered in an outdoor common area to enjoy curry and rice, served from enormous vats prepared by the village headman’s wife, among others.

Are these events a waste of resources? What purpose do they serve? And what are we to make of the government’s overt attempts to announce and thus create social cohesion?²⁵

In my interviews with Ministry officials, I was repeatedly assured that these volunteers were simply being supported to do what they would do ordinarily. I was told that Thais are

²⁵ In a subsequent chapter, I will argue that these group events are prime ways of influencing the “social body,” of which everyone is a part and through which forms of governmentality are actually embodied.

phuān bān (เพื่อนบ้าน) – friendly neighbors – who support one another through thick and thin.²⁶

And as we dutifully accompanied volunteers on staged visits to older people, documenting their acts with the aid of our videographer, that might certainly seem the case. We watched (and recorded) as one male volunteer washed and clothed an elderly man with a severe case of varicose veins, and as a group of eager volunteers were welcomed into the home of an elderly couple. What was not clear on tape, however, was that the male volunteer was actually the son of that elderly man, and the group of eager volunteers was headed by the village headman, a cast of characters that most certainly is not replicated on a weekly basis and hardly suggests free will.

In the Province, these are unimportant details – in fact, as Bree told me, it was readily acknowledged that volunteers were often related to their charges and/or put up to their tasks through the urging of community leaders. Yet when the programs are promoted in Bangkok, written into law and at times underwritten by international agencies, the specificities of Thai volunteerism are lost. Taboos against physically caring for people other than your own kin become invisible under the banner of the caring neighbor. Personal motivation and external pressure are morphed into one, without concern for whether or why that might be appropriate.

Bree is from Mae Hong Son, near the border with Burma. As we chatted in the van the morning of our field visit, her eyes squinted a bit as she spoke of her mother, whom she had left back home with only her sister to care for her. How odd, she remarked, that she was caring for older people but not her own parents. Here she echoed what I had heard from many workers in

²⁶ This echoes common conceptions of the ideal village life, in which solidarity and reciprocity are at the heart of a local sufficiency economy with a humanitarian – rather than capitalist – base. See Chaitthip Nartsupha 1991, Baker and Pasuk 1999, Reynolds 2009; for critique of the mystique, see Kemp 1988, Vandergeest 1996. For a more generalized critique of egalitarian projections, see Fischer 2012.

similar positions – heads of adult day care centers, people working in nursing homes. Always said with a strain, these professional care organizers would lament not having the time to care themselves for their own mothers and fathers, dedicating as they were their working hours to the care of others. This type of expression – whether voiced or hanging implicit in a conversation – was often met by an enthusiastic assertion from others around that their work had a great deal of merit (*mī bun yæ* អីប្រសូល ខ្លាំង), reflecting the common sentiment that caring for older people, even if not your own parents, positively transforms one’s karmic load. Certainly, family dynamics and economic pressures are varied, and with Bree I never had the chance to explore the sentiments undergirding this publically sanctioned admission. As quickly as the strain had come to her face, it was gone, and she again was chatting excitedly about her love of the work.

Several themes converge here. The Thai state often fashions the nation as one family, with the King as father. Hence relations among neighbors are ideologically understood in kin terms. This is further complicated as capitalist growth leads to increasing urbanization. Face-to-face rural-type relations are embedded in cities filled with strangers, though in collective assessments, the distinctions between different types of relationships disappear. And as a neoliberal ethos persists, state-led social welfare agendas are laced with terms that push responsibilities for the actual provision of services out of the hands of the government – in this case, into the hands of “volunteers.” If we play out the logic at the root of these programs, it seems the government ultimately hopes to support and promote a system in which even strangers can and will act as family.

Class notes

Bree's dedication to social service served her spirits well in her position, and certainly there are benefits, but the work is difficult. Bree started working after raising her daughter and sending her off to college. Coming late to her career, it was difficult to break into the world of nongovernmental organizations (NGOs); therefore, Bree took on work in the government sector, earning less money, but gaining more job security. From Bree's perspective, she and her coworkers were good hearted people working long hours. So can you blame them for taking advantage of certain perks of the job – like, for instance, free admission to state parks, allowing us to spend the afternoon of our site visit soaking our feet in the waters of a local hot spring?

On our way back to the Chiang Mai city center, we drove by a walled and gated suburban housing complex, rising up out of the landscape with paddy fields on one side and the edges of an industrial satellite city on the other. It certainly stood in stark contrast to typical village life, with so much enclosure, house after house. And indeed, the government does not try to penetrate those spaces: it is too difficult to get volunteers in, they say. But the class divide evident here is a common theme in government volunteer programs. Like the *Aw Saw Maw* public health volunteers before them, the *Aw Paw Saw* draw mainly from the lower classes: crudely put, poor people taking care of poorer people. Social scientists have commented on the need to bridge the class divide in volunteerism in the future (see Komatra 2007), and below I will discuss the intra-class distinctions that permeate volunteer relationships as well as the network-based civil society efforts to engage middle and upper class people in volunteer efforts. But for now, it is clear that the organizers of government volunteers for older people are unconcerned with these

distinctions. They rest assured that the rich can hire people to help them, even if their neighbors cannot or will not assist, and they instead focus their efforts on those more in need.

Gendered stereotypes

When I discuss volunteer caregiving, I often get questions about the gender makeup of the volunteers. Increasingly, the ranks of the government's public health volunteers are women; and a similar ratio – about 7:3, women to men – is found in the burgeoning volunteers for older people. Yet we must be careful to separate out stereotypes from practice for a full account of the gender issues at play here.

Ellis and Noyes offer a fruitful caution for such a discussion. In their review of American volunteering, they write:

The predominant feminist criticisms are that volunteer work:

- keeps the status of women low;
- exploits the time and talents of women;
- is often 'pseudo-work,' designed to appeal to the volunteer rather than meet a real need;
- weakens the case for increased part-time employment opportunities and flexible paid work schedules;
- contributes to the lack of adequate budgeting for social services;
- directs attention and energy into short-term, 'bandaid' activities, instead of into attacks on the underlying causes of social problems.

These arguments stem from the basic assumption that service volunteers are mostly women who are not part of the work force. For feminists, this is an economic issue inseparable from women's second-class status in the world of work. (Ellis & Noyes 1978, 262)

Their characterization of the "feminist" perspective is not without its flaws (a lack of nuance for one), but certainly they are correct to note that "responses to these criticisms is not a matter of simple rebuttal" (*ibid.*, 262). Although I do not offer an exhaustive

examination of these issues, I do hope to enter the discussion from both an economic and a social perspective.

In terms of economic opportunities, the case is not simple. Some note that volunteers common in other parts of the world – those who work part-time and thus have spare time to dedicate to their communities – are difficult to find in the Thai context, where part-time work is rare. Some see volunteering as a mutually beneficial pro-social activity for those retired or without work; others fault volunteer programs for taking away what might otherwise be part-time work opportunities. Still others in Thailand explicitly envision increased volunteerism as a means for creating the conditions in which a large segment of social life can exist outside the economic system through sustainable, self-supporting communities.²⁷ Thus it is clear that categorical assumptions about the economic effects of volunteerism for men and for women will necessarily fall short.

If one looks broadly at volunteering as a whole in Thailand, there is much more gender parity than is evident in the realm of caregiving. Men fill the volunteer ranks in many registers, and they do not suffer a lack of social status as a result.²⁸ Indeed, some have noted that men are often better at utilizing their volunteer status for professional gains. But I have no verification of that as fact – and baseless stereotypes could in fact be at play in such assessments.

²⁷ These varying opinions were expressed to me by a number of people, including volunteer project coordinators, NGO staff, academic nurses, active volunteers, ministry officials, and even ordinary lay people without much personal connection to volunteerism. It is impossible to categorize these opinions – whether by profession or income or other identity marker – thus I leave them summarized by “some people say” to highlight the controversy.

²⁸ For instance, a majority of disaster relief volunteers, run by the Ministry of Defense, are male.

Nevertheless, there are certainly stereotypes regarding women's innate suitability to care work, and these casual (and baseless) stereotypes raise red flags as these volunteer roles become institutionalized. As feminist critic bell hooks (2002) has challenged, women are *not* inherently nurturers; nurturing behavior needs to be taught and modeled. As countless women and men reported to me, the duties they performed for dependent elderly – particularly those utilizing medical technologies – were new to them and had to be learned and perfected. Granted, childrearing practices – customarily performed by women – are often mimicked in care practices for the elderly. And yes, women are restricted from certain forms of merit making – such as ordaining as a monk – and thus the work of care becomes a similar, though less effective, route of making merit, particularly for one's parents. So yes, gender norms in Thailand do afford women more opportunities for cultivating the skills of caregiving. And yes, those same gender norms may in fact provide various barriers for men to overcome (socially and psychologically) in order to embrace and fulfill physical caregiving duties.²⁹ Yet necessity is the fuel for more care practice, and particularly when economic resources are limited, men are as capable as women in providing physical care.

Capabilities do not, however, completely determine social roles. Just as the myth of the traditional neighbor finds its way into policy, turning family care into a broader social expectation, so too does the presumption of feminine caring guide volunteer programming. So while volunteering is not synonymous with social work and caregiving *per se*, particular modes of volunteering are dangerously close to becoming assumed women's work. Never mind the

²⁹ I certainly talked with men who were caring for mothers and fathers who remarked on these stereotypes, and in fact seemed to take some pride in their abilities to provide care, despite their gender handicap.

social taboos against daughters residing alone with ailing fathers and women visiting men alone, or the predicament of poor families with only sons willing and able to provide for those in need.

In the end, it is nearly impossible to distinguish where the influence of stereotypes end and other social and individual influences begin. Yet themes common in care work scholarship from around the world emerge in this Thai setting – particularly the assumption that women are “naturally” better care providers, and that care provided by family members is necessarily better than that given by outsiders. The roots of this feminization of care are particular – and understanding the religious basis of some gender norms and the routinized patterns of traditional care allows us better to see the setting into which volunteerism is being inserted, whether through governmental or nongovernmental channels.

SECTION II: NONGOVERNMENTAL ORGANIZATIONS

Civil Society: The Grassroots and the Global

As already mentioned, my foray into the world of eldercare and volunteering efforts in Thailand was via a Chiang Mai nongovernmental organization (NGO), the Foundation for the Development of Older People (FOPDEV).³⁰ It is but one of many types of Thai NGOs – though twenty years ago, the profile and political integration of its work might have seemed inconceivable. In this section, I focus on the rise of volunteer-based projects of local NGOs: not

³⁰ The Foundation for the Development of Older Persons is the English for *mūnnithi phatnā ngān phūsūng`āiyu* (มูลนิธิพัฒนางานผู้สูงอายุ).

only explaining their work, but contextualizing these groups in Thai history and tracing their connections to larger international operations.³¹

Orientations

What role do NGOs play in society? NGOs are part of what is often referred to as *civil society*, that is, “formal and informal groups that act independently of states and markets to find solutions to collective action problems.”³² These groups then comprise the “Third Sector” – alongside government and business sectors. NGOs frequently provide services in both the public and private realms when other bodies fail to do so – such as healthcare for marginalized populations or food and shelter for homeless peoples. However, as Julie Fisher (1997) has noted, NGOs are increasingly including political advocacy, along with service provision, in their work. This type of move can and often does bring underlying power issues in to the surface. As Dulcey Simpkins explains:

While multilateral organizations laud the potential of civil society organizations in the Third Sector to bring people together and help them have a voice [PovertyNet], political action is not necessarily recommended and its actual existence evokes mixed feelings -- and sometimes worse -- on the part of host governments [Ji & Sutachai 2001, Riker 1995]. (Simpkins 2003, 254)

³¹ When we turn to the world of NGOs, some might perhaps think immediately of foreign volunteers – that is, people who come to Thailand to do humanitarian service projects or aid work. “Voluntourism,” as it is now known, is on the rise worldwide, (See <http://www.voluntourism.org/index.html>), for better or worse (For a hint at the controversy, see <http://kristof.blogs.nytimes.com/2010/10/29/a-postscript-on-diy-aid/>). For some overview of the types of work promoted by volunteer tourists, particularly in the healthcare realm, see http://www.healthcarevolunteer.com/reports/trends_2006.pdf). Indeed, when the United Nations launched its campaign to increase volunteerism worldwide, with 2001 the official International Year of Volunteers, its primary targets were international volunteer-based organizations and the “global volunteer community.” (<http://www.worldvolunteerweb.org/iyv-10.html>.) But the “global effort to reinvigorate the spirit of volunteerism” pivots on the promotion and effective management of volunteers within their home countries. And indeed, the UN certainly had a role in the increased attention on Thai volunteerism in country, though the link is often downplayed in favor of more “Thai style” genesis stories.

³² Simpkins 2003, 256. See also Diamond and Plattner 1996; Edwards and Hulme 1996; Putnam et al. 1993.

In Thailand, the “mixed feelings” of both the government and the society at large regarding the activities of NGOs have a somewhat complicated history. In order to understand volunteer service in the context of NGOs here, it will be helpful to provide a brief lay of the land. Several scholars have offered routes for navigating the dizzying field of NGOs at work in Thailand today.³³ In the following segment, I provide a quick peak into the history of this so-called “third sector” to illuminate the most pressing issues in this context.

A brief history of NGOs: Communism, conservatism, and fear of a “third hand”

NGOs are a potentially powerful force in any society, a force that governments have a keen interest in monitoring or controlling. Such is the case in Thailand, where “associations were ordered to register with the government under the National Cultural Act of 1942, in an effort to ensure state control over a growing and potentially threatening sector” (Yamamoto 1995, 245-6). And again, in 1985, the government of Prime Minister Prem (1980-88) initiated the NGO Coordinating Committee on Rural Development, or NGO-CORD, “to bring NGO efforts into range of the government’s radar” (Simpkins 2003, 258).³⁴

Of course, many groups choose to remain “under the radar,” so to speak; thus, national registries do not necessarily reflect the true number of not-for-profit groups working for social change and public welfare. Particularly in the 1970s, when, in the wake of major student

³³ Amara Pongsapich (in Yamamoto 1995) categorizes the dizzying number of NGOs operating in Thailand and various umbrella organizations, and traces the history of their place in the country’s development. Dulcey Simpkins offers a synopsis of the political issues underlying this playing field, identifying both radical and conservative elements and the landmines one faces when trying to differentiate between the two.

³⁴ In Simpkin’s power analysis, she calls this move a “draw” – for although it demanded NGOs communicate with the government and thus increased the central government’s knowledge of local activities, it also granted increased legitimacy for smaller NGOs.

uprisings, there was an increase in NGO proliferation, “most of the new organizations...did not formally register” (Yamamoto 1995, 246). Instead, according to Amara Pongsapich, the current Thai National Human Rights Commissioner, small groups came together under the radar of the central government to demand “radical reforms to stop the alleged transfer of national resources from the poorer to the wealthier sectors of Thai society” (*ibid.*).

Why not register? Political radicalism of various sorts is one answer. In the early 1970s, NGOs were a “safe haven” for radicals, but after the brutal 1976 crackdown on student protesters (which forced many activists into hiding in the jungle and a sparked major witch hunt for “Communist” elements at work in Thai society), most NGO activities were demonized and labeled as Communist. For the remainder of the decade, “all forms of activism that could foster anti-establishment ideology were banned (Ji & Sutachai 2001)” (Simpkins 2003, 256). It was only after 1980, when the government offered amnesty to political dissidents in the jungle and invited increased participatory action for the “development” of the country, did the work of NGOs again begin to grow in the open.³⁵ Nevertheless, some stigma still remains to some extent, as will be explored below.

The establishment of the NGO-CORD in 1985, as mentioned above, brought activists some legitimacy for conducting development work with the blessing (if also the scrutiny) of the

³⁵ "In contrast to the heavy-handed strategies prevalent since the Phibun governments (1938-45, 1948-57), community-oriented strains of thought influenced many officers from non-elite backgrounds, or who had significant rural field experience. This change in military thought led to a politically savvy strategy of granting amnesty to former insurgents. Having eliminated organized dissent in the political sphere, military and royalist supporters were less concerned that relatively un-organized civilian efforts for village welfare or human rights would threaten their power. Additionally, the formal registration process for private organizations required successful applicants to remain apolitical, and therefore tolerable. Consequently, while the CPT was down and nearly out, rural development organizations were up and cautiously running." (Simpkins 2003, 258)

government. But since that time, many smaller grassroots organizations have not registered with the government and have chosen not to participate in this type of coordinating organization. There are several reasons for this. For one thing, organizations that register for official status with the Ministry of Interior must have an endowment of between 200,000 – 500,000 Baht (\$5,000 – \$12,000), and must create a Board that is subject to investigation by the Police. Although this process provides them eligibility for government grant funds, it also subjects them to fairly strict “social acceptability” standards (not to mention the mandatory expense of police bribes to speed the registration process and so forth) (see Simpkins 2003, 266).

So in addition to the cost of acquiring the endowment funds (a massive expense for the majority of organizations), many NGOs choose not to register with the government in order to escape the conservative norms of social hierarchy involved. That is, Board members in this formal process must be “*phūyai*” (ผู้ใหญ่), “big men” who serve as rubber stamps for the group’s actions. Groups must choose wisely. These have to be figures prominent enough to earn their group appropriate legitimacy, as well as supportive enough of the organization’s mission not to halt important change work. This leads to what Simpkins deems “tensions between patron-enforced conservatism and patron-enabled activism” (267). Many groups find this a waste of time at best, and more often a great impediment to progressive action, and thus choose to find funds outside of the government and work independently, often with funding sources from other countries.³⁶

³⁶ In my experience, the Boards of some NGOs function mainly as a formality, providing very little in the way of organizational direction or evaluation. As an example, in one Board meeting I attended, the Board of the NGO was set to review the organization’s strategic plan; rather than a substantive conversation, or even a discussion that reflected a basic understanding of the group’s work, Board members took turns either identifying spelling errors in the circulated document or talking at length about their own works in local communities.

Funding from foreign countries has opened groups up to accusations of an “unseen hand” directing political work from outside Thailand. There is also the danger of “mission creep,” where international funding priorities demand that Thai groups frame their work according to international fads – often leading to slight changes in focus that, over time, can lead to drastically altered engagements in local affairs.

Red vs. White

In the last 15 years or so, there has been an exponential expansion of NGOs working on an enormous range of issues – from AIDS care access to water conservation.³⁷ Nevertheless, these groups seem to fall into one of two categories – one wearing more of the radical history of NGO work on its sleeve, the other with equally deep but more conservative roots.

The Director of FOPDEV described these two categories of Thai NGOs as he saw them using a pen and paper to illustrate his ideas as he spoke. On one side of the paper, “red”; on the other, “white.” The “red” certainly harkens back to the specter of Communism that dominated ideas of nongovernmental work and political dissidence for decades. Political ideology may indeed contribute to such categorization, though the Director and others who made such a distinction were more apt to do so based on topic of work. That is, “red NGOs” are those working on environmental issues and women’s rights. They tend to position themselves at odds with the government and operate with stridency and aggression. “White” NGOs, in contrast, are

³⁷ As Simpkins, an expert in NGO activity, recounts, “In the mid 1980s, there were less than 20 major Thai N.G.O.s. These included the Thai Rural Reconstruction Movement, Thai Volunteer Service, Catholic credit union groups, and some slum organizations such as the renowned Duang Prateep in Bangkok” (Simpkins 2003, 282-3).

those working for social welfare, the elderly, and other less-contentious issues. They pursue collaborations with both government and business groups, and are willing to compromise and work within socially sanctioned modes of behavior to elicit the change they seek.

The “red vs. white” conceptualization has been noted (albeit in other terms) by other social scientists as well. Hirsch (1990) described the division in terms of “collaborationists” and “culturalists,” as opposed to “autonomists” (in *Development Dilemmas in Rural Thailand*, see Simpkins 2003, 259). The latter see any collaboration with the government to come with too high an ideological price tag; in turn, they lack a vehicle by which to engage the state. For the “white” NGOs, on the other hand, their status affords them policy platforms, wide membership bases, and political affiliations that serve to form partisanship around issues such as class, equal rights, and self determination. In the mix as well are the GONGOs – government operated nongovernmental organizations. So between the GONGOs and the “hot issue,” “troublemaker,” “red” NGOs, you have what Simpkins terms the “social welfare/charity/service-oriented NGOs” (aka “white”) that are less volatile and more collaborative (*ibid.*, 261).

There is a common misconception that these “white” type groups are a new phenomenon. But in fact, there have been major links between the government and the “third sector” throughout the 20th century. One of Thailand’s oldest NGOs, the Thailand Rural Reconstruction Movement (TRRM) founded by Dr. Puey Ungphakorn, was early an important example of such collaboration. However, the political upheaval following the 1976 crackdown has largely erased such memory. In the aftermath of 1976, collaboration with the government and/or with the royalty often indicated a political conservatism that was suspect to many involved in social

activism. Thus Dr. Puey's exile in 1976 and the TRRM's later re-organization "under royal patronage" has tended to obscure the collaborations it had previously maintained when it functioned as a more progressive development organization.³⁸

Throughout the 1980s, there was little state monetary support for NGOs, red or white, despite increasing rhetoric for participatory development work and calls for collaboration between sectors. Simpkins assesses the situation as one in which, "elites could have it both ways: NGOs could provide services for free (from the government's perspective), and NGOs' links to foreign funds maintained the servers in a vulnerable political position" (Simpkins 2003, 272). That is, many still perceived a "subversive, un-Thai Third Hand" at play in the more politically active NGOs (*ibid.*, 261); with the memory of Communist suppression still strong, such groups were always at risk for negative branding and government censure.

Enter volunteers. NGOs at this time needed a route for attracting capable and interested young people to their ranks. The Thai Volunteer Service (TVS, *mūnnithi `āsāsamak phūā sangkhom* มูลนิธิ อาสาสมัคร เพื่อสังคม) is a historically important example of Thai volunteerism in the NGO world, as well as a key element in the development of the third sector in general. Again, regardless of claims of a lack of "Thai volunteering," the TVS has been in operation since 1980 and has served as a key entry point for Thais hoping to work for NGOs. The TVS was established "with the objective of finding solutions to problems faced by development NGOs" (Pongsapich 1995, 255), including personnel, money, and coordination issues.

³⁸ See Simpkins 2003, 257 and 271 for more details. It must be noted that some would call even these early collaborations as deeply conservative – and the casting of NGOs in general as a conservative rather than a radical element in Thai society will be discussed at the conclusion of this chapter.

“Volunteering” in TVS parlance involves two years of committed work with a member NGO, learning their work and possibly laying the ground for a future career in the social sector.³⁹ A resultant issue for other volunteer organizations in a broader context lies in convincing people that “volunteering” does not necessitate the all-consuming two year commitment required by TVS (in what essentially amounts to a Thai peace corps experience), and, perhaps more importantly, escaping the negative image of NGOs in Thailand in general – for no matter if a group is “red” or “white,” a semblance of stigma remains.⁴⁰

³⁹ As it was explained to me from governmental and nongovernmental personnel alike, there are roughly two career paths for social work graduates: students either enter the government track for positions in the Ministry of Social Development or related departments, or they aim to enter the NGO track. [If Bree is any indication, the NGO path is certainly more open to younger recruits, and has its pitfalls (job security) as well as its perks (generally higher wages, for one).] The TVS places people interested in the latter for two year internship type positions – with approximately 40-50% of these trainees remaining with NGOs on a long-term basis, many in leadership positions. See www.gnh-movement.org/followup_detail.php?id=139 for more information.

TVS promotional materials claim key activist gains for former TVS volunteers in all regions of the country – except the South. There is much to speculate about such an important exception. As the Director of FOPDEV explained to me, Southern workers are “very strong” and refuse to bend to government pressure, and in turn, fail to play by the unofficial rules of the NGO game. He went on to give an example of a women’s group who created a very successful income-generating project bottling a special chili sauce. A government official from the agriculture department came to inspect their operations and claimed they needed to have official recognition, ensuring the public that their product was not dangerous – that is, he demanded 4,000 baht payment for a sticker pronouncing their chili a “product of the agricultural department.” The leader of the women’s collective vehemently refused (“a sticker for what?!”), causing a rift between the organization and the government, and eventually leading to the destruction of the project. This example highlights the way government ministries attempt to put their stamps on successful community projects, claiming some modicum of success for themselves, as well as the need for these small organizations to have powerful advocates in their ranks to protect their efforts and lend legitimacy to their organizations. The predominantly Muslim Southern region has a long history of struggles for independence from the predominantly Buddhist power centers of Thailand, and the refusal to join in the patronage system here reflects the power and perils of such a choice.

⁴⁰ Again, stigma results from assessments of NGOs as both overly conservative and overly radical elements in Thai society. NGO numbers seem to rise and fall with economic ebbs and flows. When the economy is booming, many people join the more lucrative private sector; when crises hit, larger numbers are attracted to grassroots efforts. Yet however you slice it, this is a relatively small world. The TVS claims that, since 1980, they have recruited and trained only 500 full-time volunteers; nevertheless, given the high stakes of such involvement, as will be explored below, this somewhat marginal group seems to have made a large impression on Thai popular opinion.

Volunteerism as global assemblage: A collaborationist example

Despite the prevalence of “volunteers” throughout the government sector and the decades of TVS recruitment for the nongovernmental sector, only a few NGOs have developed substantial volunteer programs. Volunteers are, however, a growing trend, and a great deal of energy is currently being spent thinking through how best to recruit, train, and manage volunteers in the Thai context.

From whence this growing interest in volunteerism? The United Nations, dubbing 2001 the official International Year of Volunteers, of course has played a key role in the promotion of volunteer models globally.⁴¹ But, in the context of caregiving for the elderly, volunteer-based programs can also be understood as a variety of the many “lay health advisor” models circulating the globe. Health educators and public health policy makers alike have put great stock in the importance and ability of neighbors and community members to provide health related services to one another – from direct observation TB treatment in Haiti, to cancer prevention screenings in rural North Carolina. Here then we have what Aihwa Ong and Stephen Collier would call a global form, and I am in this way examining the related assemblages that have emerged in the Thai context.⁴²

⁴¹ When the United Nations launched its campaign to increase volunteerism worldwide, among its primary targets were international volunteer-based organizations and the “global volunteer community. As noted above, there are international NGOs working successfully with foreign volunteers – that is, people who come to Thailand to do humanitarian service projects or aid work as “voluntourists.” But the UN’s “global effort to reinvigorate the spirit of volunteerism” (UN) pivots on the promotion and effective management of volunteers within their home countries. And here I focus on the budding efforts of Thai NGOs working with Thai volunteers.

⁴² See Ong & Collier 2005. The massive public health volunteer program that forms the basis of many volunteer efforts in Thailand is itself a product of the WHO’s post Alma Atta global primary health care initiatives, itself another global form / historical assemblage that deserves its own analysis.

The Foundation for the Development of Older People (FOPDEV), the group with whom I worked closely, is one of the Thai NGOs at the forefront of developing volunteer programming in civil society. Actively involved with academic nursing centers, the government, the private sector, and international organizations, FOPDEV is clearly an example of a “white” NGO. As mentioned, FOPDEV was in fact in charge of implementing the government’s *Aw Paw Saw* volunteer program for the elderly in the Chiang Mai municipal area as one of its core activities.⁴³

Although following national strategy, FOPDEV’s pilot project differs from the government project in important ways. First and foremost, FOPDEV’s volunteer-based initiative was itself based on a model emanating from Korea. HelpAge Korea created the program in the 1980s, and, based on their successes and spurred on by the UN sponsored Madrid International Plan of Action on Aging 2002, joined forces with HelpAge International and key Southeast Asian stakeholders to implement the model in all ten ASEAN member countries. Thus FOPDEV’s volunteer-based intervention reflects both national and international strategies for dealing with aging populations.⁴⁴

⁴³ FOPDEV’s work also includes income generating projects, social welfare advocacy, and the support of elder person clubs. The mission of FOPDEV is strongly influenced by the agenda of HelpAge International – and because of the Thai government’s top-down instillation of many programs that map onto HelpAge goals (including, for instance, the establishment of elder person clubs in every district of the country), Thailand is in many ways a poster child for HelpAge’s work. Of course, FOPDEV sees its work in part in making the international goals “culturally appropriate,” and in empowering people to have greater investment in what otherwise could be merely bureaucratically organized government program.

⁴⁴ Working throughout Southeast Asia, HelpAge (through both its international and country branches) has negotiated deals with central governments to implement their model through local NGOs. Since the Thai government is already implementing its own volunteer program, it was somehow negotiated that FOPDEV would take on the government’s task in the city of Chiang Mai. Like the Thai government’s volunteer initiative, the basics of the Korean homecare model involve volunteers visiting older people at home to provide emotional support (to counter any feelings of loneliness that the elders may be experiencing), and to provide an array of social supports, depending on available resources. And, not surprisingly, the Korean model also stresses the importance of tailoring for local appropriateness. The “tailoring” involved here, and the “appropriateness” of certain aspects of psychosocial support promoted at the national level, will be discussed in great depth in Chapter 3.

At first pass, the presence of a government system for elder care volunteers, combined with the history of volunteering in broader public health contexts in Thailand, seems to provide a useful entry point for the Korean homecare project. FOPDEV was able to make improvements on the government system, using internationally backed standards and resources, without completely starting from scratch in country. Chief among such improvements was the de-emphasis of the numerical standards for dissemination pushed forward by the government. As described above, the government program requires each volunteer to take responsibility for five elderly people. FOPDEV considered such a requirement an impossibility that bordered on farce. The majority of FOPDEV volunteers, by contrast, were generally connected to two older people. FOPDEV also claimed a more “organic” recruitment and training of volunteers, employing a volunteer coordinator who, at the project’s conception, identified neighborhoods in need of assistance and worked to find appropriately motivated people to participate.

However, from my perspective, some larger issues unresolved in the government volunteer program go overlooked or unchecked in the social sector as well. It may even be that the presence of the government system keeps these issues in the NGO world’s blindside, leaving as they do such visibly problematic areas open in plain sight. Below I offer two vignettes to help point out some of these potential landmines, particularly in regards to intra-class distinctions, the promotion of hierarchical social relations, and the rampant presumptions about “traditional” community solidarity that permeate charitable volunteering efforts in the city.⁴⁵

⁴⁵ เจริญธรรมนี้ ไม่มีความหมาย.

To pity those less fortunate: A volunteer's perspective

“Thai people are very helpful,” Mrs. Brapin told me, “but they don’t like to be forced.”⁴⁶

Brapin’s extensive experience and frank opinions regarding volunteerism in Thailand raise a series of provocative questions about compulsion, class, and compassion in this context. After months of talking and working together, I sat down with her one day at a long table in the open-air courtyard of local home for the disabled.

Brapin is a volunteer from one of FOPDEV’s first cohorts, in her fourth year of volunteering for older people in her community. She is, in fact, a volunteer in several other regards as well – dedicating one or two days per week at the home for the disabled and serving as an active member of her district’s Elder Persons’ Club. Sixty-eight years old, this retired government worker and former track athlete now has time to use her ample energy in the community. And use it she certainly does. Admittedly, my first impression of Brapin was not exactly positive: she struck me as a busybody who meddled in everyone’s affairs with an attitude of superiority. But with time, I grew to appreciate her capacity as an administrator (which often leads to her nomination for the presidency of groups), and the upfront and no-nonsense air that she takes with everyone more-or-less equally.

As a volunteer for FOPDEV, Brapin visits two octogenarians: a woman with a bad leg and a mute man with poor hearing. She visits them approximately twice per month, more if they are ill. Her visits generally involve casual talking, laced with recommendations for eating and

⁴⁶ “นิสัยคนไทยเป็นคนเอื้อเฟื้อเผื่อแผ่...คนไทยจะไม่ชอบให้ใครบังคับ”

clothing. The old man, for instance, has diabetes, and she advises him about avoiding sticky rice and so forth.

Brapin describes these visits as difficult. As I had heard from others, visiting older people is not without its unique problems and, despite general reports about the “good feeling” one gets from performing such an act of caring, it can be frustrating and even disheartening. Older people cannot follow the story when you talk, they don’t remember you have been to see them, they are in poor spirits and they criticize you. Panomgawn repeatedly says she “pities” them (*songsān* สงสาร).

Nevertheless, Brapin definitely speaks positively about this work. She likes visiting the old man in particular. She says he is not like other people, and she likes that. And when she leaves a visit, she says her heart is 100% filled, and she feels she has *kwāmmēttā* – a term generally translated as love, kindheartedness, or compassion. Thus arises a tension that permeates all of Brapin’s account: what is the relationship between pity and compassion for her and her like-minded volunteers?

Taking a step back to examine Brapin’s volunteer work in its entirety will be helpful to tease out the answer to such a query. Visiting her charges is but one aspect of her volunteer work with FOPDEV. With her fellow volunteers, Brapin participates in monthly training sessions, attends meetings of various committees, joins in merit-making ceremonies and FOPDEV visits to present gifts to clients, and takes part in group outings – both those organized as pleasure trips for older people in need and those designed as a thank you to volunteers and staff. There are in

fact so many opportunities and commitments for volunteers, one might wonder when they have time to visit with the older people they are said to serve.

In reflecting on her peers in regard to overall service, Brapin surmised that only about 60% of volunteers work sincerely “with conviction.”⁴⁷ That is, she feels that nearly half of volunteers only participate for the socializing and congratulations, and do not do their proper duty for the older people for whom they are responsible. There are reporting procedures, forms with which every volunteer reports the frequency of their visits and aid activities. But there clearly are problems with the system: reviewing one volunteers records, it hardly seems possible that she visited 7 people every day since the program’s inception, and the director of the project freely acknowledges some people exaggerate their work. So what can we surmise from such unbalanced participation?

Many people offered me their theories on Thai volunteer motivations. In the assessment of one male FOPDEV volunteer, a retired government worker age 79, there are three types of volunteers: those who work selflessly for others without want of anything in return, those who work for praise, and those who participate not only for praise but for more tangible compensation as well. Brapin would mostly likely agree with such a parsing, as she told me she would like to see a recruiting system that tries to distinguish volunteer types, choosing only those who are willing and able to provide services to others without need of anything themselves. And in part, this means those who are in a slightly elevated social class.

⁴⁷ As Brapin expressed it, “60% ที่มาด้วยใจแล้วก็ทำงานด้วยความตั้งใจ

Brapin explicitly denied that poor people were incapable of being good volunteers. However, she *did* say that, to be truly effective, one need not only have time to lend, but also be of higher social standing than those being served. In part, this was about having a willingness to work. In her mind, people have to have an income and must realize that their volunteering is not compensated work – that is, they must be able to do for others, and not need to be “looking out for their next meal” at the same time. In this way, she intimated that many of the current volunteers were interested in FOPDEV benefits, both out of a vanity of sorts and out of necessity. But there was more to her class-based assertion. In the context of a visit itself, Brapin believed that older people are encouraged by a volunteer visit, particularly when it is from someone they see as sacrificing their time to go and counsel or guide people worse off than themselves. She said if a person of equal stature or poorer than themselves comes to visit, they will “not believe” them. So she thinks that people of lower position will naturally “believe” volunteers of a higher social position. That her own diabetic charge does not alter his eating habits based on her suggestions she attributes to his inability to *hear* her, maintaining that their relative statures create the necessary alchemy here to create positive behavior change in general.

Given the hierarchical elements of Thai society, there clearly is a class effect in most volunteer relations.⁴⁸ For starters, it is freely acknowledged that most formal volunteers are drawn from the lower classes.⁴⁹ But it is clear that, even within the lower echelons of society, there are class divisions that come to bear on charitable interactions – though to what end is not completely discernable from self-reports like Brapin’s, and I suspect that certain presumptions

⁴⁸ Hierarchy in the Thai context will be explored in greater depth in Chapter 4.

⁴⁹ The Volunteer Spirit Network I will discuss in the chapter’s final section is, in part, an effort to attract middle and upper classes to organized volunteer work.

regarding the immediate respect garnered by higher status is inflated at best. The main point here is to add a certain measure of caution regarding claims at the meta-level regarding people helping one another at the grassroots level. As much as international donors and humanitarian promoters of volunteer-based initiatives might like to assume parity, there is in fact often disparity built into these systems in one way or another.

Which brings me back to the use of “pity” in Brapin’s self-proclaimed mindset. Brapin is certainly not alone in her use of “pity” as a motivation for charitable action. Many people talked with me about the importance of pity, the force they saw as necessary to compel people to help others. Pity also plays a key role in popular forms for charitable fundraising. Take, for instance, the well-known television program *Circle of Life* (*wongwīan chīwit* วงเวียนชีวิต). Each week in this broadcast, a poor and destitute older person is featured. Details of such people’s lives are provided, with cameras searching through every nook and cranny of their poverty stricken existence, with the subjects generally depicted as abject and with no current prospects of bettering their lot. In the United States, it is generally understood that in order to elicit charity, people need to be depicted as *trying* to get help, and in this way worthy of help to get “back on their feet.” In Thailand, no such standard seems to apply. It is the circumstances that have befallen an individual, generally no matter the cause, that elicit the necessary pity. Money pours in from around the country in response to those depicted on the program as abandoned by their children, helpless, and penniless.

Brapin explicitly linked this type of *pity* with the Buddhist principle of *mēttā* (เมตตา). One of the four sublime states or virtues (brahmavihāras) described in Theravada Buddhist

scriptures, *mēttā* is most commonly translated as “loving kindness.”⁵⁰ As we discussed her volunteer work, Brapin repeatedly used the word “*mēttā*” to explain how she felt when she saw older people in need, or when she visited the home for the disabled, and so forth. Given my familiarity with various Buddhist teachings, I assumed she meant “love” when she used this word. So I was shocked when, after I asked her what the term meant, she said “pity.” She explained that in Buddhism, *mēttā* and *karunā* (กருณา) are key: *mēttā* for her meaning pity and *karunā* the desire for others to be happy.

Of course there is the possibility that Brapin herself has a fundamental misunderstanding of the Buddhist teachings she references. Nevertheless, the prevalence with which I heard this equation – pity as a virtue undergirding charitable action – indicates to me there is an important correlation in popular consciousness.⁵¹

What does it mean for benevolence to be linked to pity? Particularly in a society in which hierarchy and class designations have such bearing on social relations, there seems to be an implicit inequality built into the structure of aid work here. According to the Director of FOPDEV, there is indeed a “social norm” among Thais to donate to those who are pitiable (*nā songsān* น่าสงสาร); however, it is his intention for the work of his organization to fight against

⁵⁰ Other translations include friendliness, benevolence, kindness, love, sympathy, and active interest in others. *Mēttā* (เมตตา) is the first of four sublime states, along with *karunā* (กருณา compassion or mercy), *muthitā* (มุทิตา sympathetic joy), and *ubēkkhā* (อุเบกขา equanimity). I understand Charlie Hallisey has played around with translations here, perhaps using “care” as another possible translation; certainly this vignette leaves much to be explored on the topic.

⁵¹ Brapin explained pity in this case almost as a prerequisite for love, so in fact the term pity (*songsān*) itself cannot necessarily be taken as an exact translation of the English.

such a norm. He wants his volunteers to understand the older people they serve and to feel they are working *together* – and in fact *not* to pity them (*mai tōng songsān* ไม่ต้องสงสาร). I asked if he thought it was working, to which he replied, “I don’t know, but I keep telling them.”

Brapin has not yet gotten the message. With a formulation based on pity, Brapin is able to claim that “volunteerism” is more or less a foreign concept because Thais do not need a term or an official role through which to channel their helpful actions. Similarly, the concept of *chit`āsā* is not new at all for Brapin, rather merely a new compound word that describes the spirit in which people act for others: namely, a feeling of pity that arises for those less fortunate and guides action. In fact, if imposed obligation is involved, charity breaks down; after all, “Thais don’t like to be forced.”

For the Director of FOPDEV, there are certainly international funding streams that discourage the association of development work with “pity,” and that instead encourage him to see “empowerment” as the key to program success. (This of course in addition to more “organic intellectual” theories of grassroots organizing that promote similar ideals.) But those who, like the Director, seek to eradicate such a connection and encourage participatory action are fighting powerful social norms, both of social and religious origins.

A view from the bedside: Presumptions and place

One day I wore a new T-shirt over to Ying and Aom’s house (the pair of sisters caring for their bedridden mother introduced in Chapter One). The shirt was pale blue with the logo “bedside volunteers” atop a cartoon picture of a smiling patient in a hospital style bed

surrounded by three figures, each doing something helpful: one arranging a picture on the wall, one sitting and talking, another standing by with a bouquet.

Aom took one close look at the scene depicted and just laughed. She cracked up. “Volunteers, ey?” she asked, incredulously. “Well, they got the patient right. That’s right, a patient in the bed. But volunteers? They don’t do any of that.”

Basically, her impression of “volunteers” – and she has in fact met many – is of people who come over and ask some questions about her mom’s history (how they care for her, and so forth), stay awhile, perhaps make some promises, and then never come back... or come back only to bring more people who do the same, time and time again.

I witnessed several iterations of this over the course of my relationship with the family. FOPDEV staff would on occasion visit to deliver a present, a scarf for the New Year or the like. There would be pictures snapped, polite words exchanged, and a quick conclusion to the visit. Mau Fah, her volunteer as part of the FOPDEV homecare project, would always be present on such occasions. Mau Fah of course would also visit on her own, or bring along an unaffiliated group of well-wishers, like the time she invited monks to come to chant for their elderly mother in a coma. The family accepted her participation with FOPDEV, but did not generally categorize her relationship with them as one of a volunteer – that is, she was an old neighborhood acquaintance, and they knew she was merely trying to funnel some resources their way. Though they never ridiculed her directly, they certainly did have somewhat cynical opinions about the volunteer activities in general; when I would come by to tell them of some volunteer event or

another, they would knowingly laugh and remark how the volunteers seem to do more for themselves than for the people they allegedly serve.

By FOPDEV standards, Ying and Aom's family were not typical targets for intervention. They were not as desperately poor as most of their enrollees (and therefore no more worse off than the majority of their volunteers). They were not living pinched behind houses, with dirt floors, tarp roofs, sporadic plumbing. Indeed, it was not without disdain that one of the FOPDEV staff members confided – on more than one occasion – that the family did not really qualify for FOPDEV help since they were not poor enough. Their three-story house told the story, and the hours of daily chores that kept the floors and windows clean underscored the point that those who needed help looked the part. The family members who could and did contribute to the maintenance of their matriarch's body on the second floor was enough to overshadow any of the struggles that accompanied their lot.

Nevertheless, these and other “volunteers” made motions to help the family as well. The public health volunteers (*Aw Saw Maw*) would do their duty in the neighborhood, dropping off health education leaflets or spreading the word about a new health program available. In addition, health researchers of various types had at times come by to assess their situation and whether they might qualify for additional assistance. At one point, I too tried to solicit these “volunteers” to come to the house to change the mother's feeding tube, to save them the costly and time-consuming monthly trip to the hospital. There were several trips back and forth, me the eager anthropologist trying to give something back to my friends, trying to figure out how these crisscrossing programs for social welfare work to provide families the help they need. I sat with

a young medical doctor in charge of a visiting nurses program, and patiently helped him fill in a kinship chart for the family, applying the anthropologically-driven tools for socially responsive healthcare made so popular by such publications as the widely-selling handbook “Community Health” by prominent doctor anthropologist Komatra Cheungsatiansup and colleagues (โภกมาตร 2545/2002). Details and explanations were given. The following week, it was with great embarrassment that I learned of the program’s visit to the family: how they too had sat down with the family, asked about their situation and took up nearly an hour of their time, only to conclude that they were in fact ineligible for a visiting nurse to come change the old woman’s tube and that a lay health volunteer would not be allowed to perform such a medical task. Aom was of course not surprised, laughing as I came to the realization she herself had come to long ago: they were on their own.

It is not that Aom and Ying were not open to more instrumental help. In a moment of in-the-field theorizing, I suggested in a question to Ying that perhaps, could it be, she enjoyed the monthly trip to the hospital? Was it perhaps a chance to escape the monotonous routine, a chance to connect with doctors and get some social support? Ying looked at me and simply asked, who likes going to the hospital? Something in her tone put my lofty theories to rest, as I recalled all the times I had sat with her in the cold waiting room, had experienced what often felt like the scorn of the over-worked medical staff. I again felt silly at my attempts to justify what were in fact option-less choices.

So what of the insistence that Thais are friendly neighbors (*phuān bān*), that they look out for one another? What of the knowing and a caring that is preached from many corners, *presumed* already to be taking place everyday, particularly in the countryside?

From a policy perspective, the countryside is *presumed* to need very little sponsorship for home-based care. In this presumption we find the basis of an easy to deploy cultural ideology that does political work. Basically, the government *presumes* that, with volunteer based programs, it is adding extra support to what is happening already. So too with nongovernmental organizations like FOPDEV, who rely on this basic Thai characteristic as the root of their work. And yes, many say that in the urban areas, this type of neighborly care is eroding, but the cultural *presumption* that Thais understand the needs of others and naturally want to help is still maintained – thus a boost to this base is all that is needed in the cities.

Such presumptions affect the focus of trainings and how volunteer management is handled, not to mention the ease with which the government picks up volunteer programs and then throws the kitchen sink at them. But in practice, other powerful elements challenge the “natural” and spontaneous show of loving support. Here I want to emphasize two of these elements: space and physical intimacy.

In terms of space, it must be noted that the physical layout of homes has an effect on how volunteers can and do help older people in need. As wealth increases, public versus private space changes. The physical layout of houses reflects this. In a traditional Thai house, the living area is in an open air space. There are no walls to stop the airflow or the passing in and out of neighbors.

In urban settings, this form of house is rare. Even without going to the extreme of the large gated communities, where large houses stand like so many impenetrable fortresses behind patrolled walls, one finds that with air conditioning, along with other modern ideals of glass and stucco, houses are increasingly enclosed. One cannot just casually talk with people as they pass by their homes; they must physically cross a threshold that is without common precedent. Volunteer programs that give people a clear and readily identifiable reason to do so provide a much-needed social role to make everyone involved feel more comfortable. Of all the various trainings I attended, no one ever mentioned the physical barriers of entering a home, though I certainly found that on visits with volunteers, more informal and frequent visits were made in homes with fewer barriers to the street.

Two, families are generally expected to take care of intimate care needs. There are limits to the friendly neighbors to be sure, and these quickly become clear. Bathing, toileting, wound dressing, these are the purview of kin. For volunteer work, this problem is disguised by the great number of family members attending to older people as “volunteers.” And in such cases, the resources and supports provided to family caregivers is certainly an important achievement of such programs. But at the policy level, as well as at the training level, these categories get elided. Volunteers in general are lumped into one category. As with issues of space, volunteers in the Korean-based project are not trained to confront these tricky boundaries, neither personally in terms of their own attitudes nor interpersonally with the people they visit. The presumption remains that people are already being “there” and doing “that.”⁵²

⁵² There was only one volunteer who visited Aom and her family nearly every day of her extended illness. Amaa was an 85 year-old woman (they do not actually know her real name, calling her instead by the Northern Thai term that more or less means grandma), and she came each day for approximately 30 minutes – to perform “Yoray” energy healing on Tatsanii and Ying. Akin to the “Reiki” energy healing popular in the

It is unclear what level of interaction all the volunteer programs I outline here will settle into as they develop and mature. What is clear is the mandate for harnessing the untapped potential of volunteers in service not only of healthcare, but much more.

SECTION III: NETWORKS

The Spirit of Volunteering and the Quest for an Enlightened Society

Win Mektripop (วินัย เมฆไตรภพ) speaks incredibly fast, in Thai and in English. His English has a hint of an Indian accent, reflecting the time he spent in South Asia researching NGOs and various volunteer movements. When we met in Bangkok in 2009, he pulled up to the noodle shop on a motorcycle taxi, wearing a neat dress shirt and black slacks. His hair was thick and just over his ears, his glasses were square and trendy. He was young but poised, a fitting combination for the Director of the *Khrūākhāi Čhit`āsā* (เครือข่ายจิตอาสา), or the Volunteer Spirit Network⁵³, an ambitious group he helped to establish.⁵⁴

United States, Yoray attracts practitioners with claims of unlocking people's power to heal by using their hands. Although Yoray is a fairly recent phenomenon in Thailand (with allegedly Japanese roots), it nonetheless entails a set task that provides Amaa a somewhat understandable and specific entrée into the household. It is a modeled physical behavior – including the raising of a hand as a conduit of this Japanese healing energy – is a global form of sorts itself, and despite the accompanying scandalous accusations of it being a pyramid scheme (and indeed, Yoray practitioners are pressured to make donations, buy pendants, recruit family members, and ultimately dissociate with those who refuse to join), it nevertheless provides something that is lacking in other schemes.

⁵³ This could alternately be translated as The Spirit of Volunteering Network; I opt here for the more concise title, at the risk of obscuring the spirit of the term.

⁵⁴ In the following pages, I will emphasize a particular subset of the spirit of volunteering movement. There are other influences that I must omit for space, including the Taiwanese *Tsu Chi* model, which springs from a Buddhist movement that has attracted many Thais to study in Taiwan and has sent volunteers from Taiwan and elsewhere to work in communities in Thailand as well.

The genesis story of the Volunteer Spirit Network is one I heard told many times. In December 2004, when the Indian Ocean tsunami hit the coast of Thailand, many Thai people were moved to help those afflicted by the disaster. The outpouring of not just money and supplies, but of helping hands – people traveling to the southern coasts from around the country to lend support – is said to have been unprecedented. Corporations sent groups, temples organized caravans, and individuals went on their own accord. What’s more, people are said to have experienced powerful personal transformations through these efforts. However, it soon became clear to many charitable organizations that this humanitarian impulse could and should be tapped in a more organized and sustainable fashion: after all, since Thai society “lacked the concept” of volunteering, there were few formalized outlets for such donations of time and effort. Although Win was in India at the time, upon his return to Thailand shortly thereafter, the *Khruākhāi Čhit`āsā* was born: an attempt to harness the “spirit” shown by the Thai people in the wake of the tsunami in the hopes of making a sea change in the culture of volunteering nationwide.⁵⁵

The Volunteer Spirit Network is the umbrella group for approximately 25 organizations all working toward increasing volunteer activity in Thailand, as well as the spirit in which such activity is performed (see <http://www.volunteerspirit.org/link>). As such, the organization has three main foci: matching people with volunteer opportunities, promoting policies at the national level that support the work of volunteers, and improving knowledge about volunteerism in the

⁵⁵ This was not an entirely new idea. Research conducted well before the tsunami, including Juree Vichit-Vadakan’s piece entitled *An Overview of Philanthropy and Civil Society in Thailand* (published in 2002 and found in the Volunteer Spirit Network library), that indicates an attempt by research bodies in Thailand like the National Institute of Development Administration to understand typical Thai patterns of philanthropy – particularly the tendency for donations to Buddhist temples – in order to promote a change for more grassroots funding of civil society organizations.

population at large. Talking with Win, one gets a sense that increasing management and coordination capacity is clearly of utmost importance, but that in fact it is knowledge, belief, and behavior change that lies at the heart of the network. As volunteering finds its way into the private sector (by way of Corporate Social Responsibility efforts), and continues to be promoted in governmental and nongovernmental channels, Win sees the possibilities for changing society by changing Thai people's personal orientation to the notion and practice of volunteerism.

The work of the network hinges on the term *ĉhit`āsā* (จิตอาสา). Win claims that ten years ago, one would not have heard that term, though now it seems to be on everyone's lips.⁵⁶ Particularly important for the group are young urbanites, who – due to the influence of capitalism – think only of themselves. Volunteering provides a means by which to pull people out of the “rat race” for a moment. The job of the network in part then is to do the thankless work of middle management, creating the opportunities for people to experience the rewards of charitable giving that, it seems, are thought to lead to a spontaneous change of spirit. As will be explored below, this rhetoric is laced with Buddhist references.⁵⁷ The implications of this ideology for social change will be explored below and throughout the remainder of the dissertation.

Key actors in the network are prominent figures in Thai society. Chief among its supporters are the celebrated physician Dr. Prawase Wasi and the activist intellectual monk Phra Paisal Wisalo, and both are quoted extensively in *Khrūākhāi ĉhit`āsā* pamphlets and other

⁵⁶ Future research is needed to document how and when the term began to circulate.

⁵⁷ For Buddhist lineages associated with the movement, as well as a repetition of the common genesis story, see สุธาทิพย์ แก้วเกลี้ยง (Sutaatip Gaewgaliyang), 2006. For promotional stories of the spirit of volunteering, see จารุประภา วะสี, (Jaarubprapaa Wasii) and (Mantanaa Banaatam) มณฑนา บรรณาศรรม.

promotional materials. (Recall, Maw Fah associated the term *čhit`āsā* with Dr. Prawase.) In describing early American volunteer efforts, Ellis and Noyes wrote that “Progressive causes [tend] to attract strange bedfellows” (157). In the case of Thai volunteering in general, and the spirit of volunteering in particular, the mix of bedfellows may force us to question just how “progressive” the cause is – though they certainly provide an important vantage point for understanding the roots of political power operating in these efforts, as well as key assumptions – at least in elite circles – about Thai subjectivity.

Recasting merit for the middle class

Although Dr. Prawase is arguably more renowned, Phra Paisal is in some ways the spiritual leader of the Volunteer Spirit Network. Although Phra Paisal does not hold a position in the organization, he is the head of another “network,” whose volunteer efforts are connected with those of *Khruākhāi Čhit`āsā*. Phra Paisal, among other positions, directs the Phuthikā Network (*Khruākhāi Phuthikā*, เครือข่ายพุทธิกา), an explicitly Buddhist collective – and member of the *Khruākhāi Čhit`āsā* – with three major projects: 1) confronting death peacefully, an initiative to help combat the over-use of medical technologies in medical settings at the end of life and to encourage people to prepare for death with mindfulness (and whose trainings include a volunteer component); 2) true wisdom-based happiness, which attempts to help people focus on and develop the type of happiness that emerges from right (dharmic) engagement with the world; and 3) “smart merit and the spirit of volunteerism” (*khōngkān chalāt thambun duai čhit`āsā* โครงการฉลาดทำบุญด้วยจิตอาสา), a project aimed at inspiring people to help others in the world as a means for merit making, spiritual fulfillment, and positive social change. The last, of course, is most relevant at this juncture.

Based on training fees and enrollment demographics, these programs are most attractive to the educated middle class. And with this population, the group makes a fascinating move: appealing to longstanding cultural tradition – merit making – they essentially reinvent aspects of the practice with which many educated people are uncomfortable. As I described in the first chapter, merit-making is a pervasive and profound religious practice that defies typical worldly logic of cause and effect. For instance, a person makes a donation at a temple, but the act itself represents a ritualized transformation of one’s own merit, the merit of a loved one (alive or deceased), or the collective merit of a group. And as outlined above, whether in this life or the next, merit is seen to have important influence on social as well as spiritual standing. Not surprisingly, not everyone is comfortable with the somewhat ineffable logic of cause and effect intrinsic to such practice. While in the past such non-scientific aspects of Buddhism were downplayed (see Tambiah’s *World Conquerer, World Renouncer* for examples from the 19th century), Thai Buddhist intellectuals are now increasingly promoting the advanced scientific nature of Buddhism overall. (P. A. Payutto 2001 and Bhuddhadāsa 1992 are prime examples in this regard; see also mention in Streckfuss 2011, 249.) In essence, we see a *recasting* of those aspects of practiced religion that were previously downplayed.

I talked with countless people who were eager to explain to me that certain ritual practices I witnessed at temples were not “real Buddhism.” Such people were young and old, but always educated and of substantial means. Many of these people were also uncomfortable with the concepts associated with merit and karma – though admittedly they did go through many of the ritual observances, if even only as “tradition” (and possibly protection, should certain “superstitions” be true!). What the “smart merit” project has to offer such people is potentially

very attractive: an active forum for merit-making, sanctioned by senior monks and justified with Buddhist scripture, which promotes helping others in one's community as a merit making opportunity as potent as any temple-based activity.

Again, Phuthikā's "smart merit and volunteer spirit project" is closely aligned with the Volunteer Spirit Network. Just as Win narrated his network's story, Phuthikā also refers to the tsunami as a key instigator for their work – making it clear that the time was right to improve the systems that could support people to help others, leading to positive personal and social transformations.⁵⁸

The narrative is compelling. But there is a historical element of statecraft embedded in such narratives that should not be overlooked. There are three major sponsors of Volunteer Spirit Network. One is the Thai Health Promotion Foundation (or *Saw Saw Saw*, สสส), the major health funding arm of the Thai government, financed itself by a major tobacco and alcohol tax settlement. (*Saw Saw Saw*'s involvement is not surprising, as it plays a major role in all the organizations I discuss in this chapter.) Another is the TRRM, the Thailand Rural Reconstruction Movement. Although one of the earliest and more revered NGOs in Thailand (founded by Puey Ungpakorn), the TRRM has been criticized by more radical elements of society for its increasingly conservative agenda. Many see its current status, "under royal patronage," as most telling of its activities. Finally, the third sponsor is the Thai "Moral Center" (*Sūn Khuntham* ศูนย์คุณธรรม) – also known as the "Office for the Service and Development of Knowledge

⁵⁸ Whether or not Win's group was the initiator of this logic, it is clear from my discussions with others who deploy the term *chit āsā* outside of these networks that this story has caught on.

Organizations” (*samnakngān bōrihān læ phatnā`ong khwāmru` (ongkānmahāchon*), สำนักงานบริหารและพัฒนาองค์ความรู้ (องค์การมหาชน) – a public agency established by royal decree in 2004 with the mission to promote morality and development in the Thai population. On its board are found such prominent members of Thai society as the award-winning CEO of the Siam Commercial Bank, along with other leading figures in public life. Thus, with the TRRM and the Moral Center, the patronage of the Volunteer Spirit Network can be understood as primarily royalist, with a strong mandate for maintaining the status quo, despite its rhetoric for social change. The remainder of the chapter is devoted to unpacking such a claim.

Social engineering

The presence of “big men” on the boards of nongovernmental associations is a necessitated practice. Nevertheless, the full import of the details recounted above is only fully comprehensible in light of the history of Thai government practices beginning in the 1930s. What is key here is the explicit intention to promote a particular type of moral code (based on a presumed tradition) in Thai society. Many scholars (Reynolds, Streckfuss, Thongchai, to some extent Hamilton) have traced the invention of traditions and even of words that are part and parcel of ordinary people’s vocabularies and self-appraisals today. The word “culture” is a prime example. As David Streckfuss recounts, “As with other newly coined words of the day such as community (*chumchon*, ชุมชน), society (*sangkhom*, สังคม) or public (*sāthārana chon*, สาธารณะชน), *wattanatham* (วัฒนธรรม) [or, the word “culture” itself] was created for a specific

purpose: to provide the government with a new system of control, a new way of arranging and categorizing people and activities" (Streckfuss 2011, 233).⁵⁹

In broad strokes, we can see the establishment of the Culture Ministry under the first Phibun Songram administration as an important step in the explicit linking of state structures with the creation and maintenance of national identity. Wichit Wichitwathakan (วิจิตรวิจิตรวาทการ)⁶⁰, the first head of the Culture Ministry would, two decades later, become the first head of the first National Security Council (under Sarit). Under Wichit, promoting “traditional” Thai ways became a first line defense against Communists and other “threats” to the Thai populace. The issue of cultural identity thus merged with national security, further solidifying the importance of cultural codes and the controlling of tradition for state interests and the promotion of the ruling status quo (Streckfuss 2011). In the 1980s, this trend would continue as King Bhumipon was increasingly fashioned as the “Farmer King”: the King’s efforts to make rain and otherwise support the people fell in line with popular descriptions of the typical Thai laboring in the countryside, a move that Streckfuss understands as a strategic enlargement of his royal field of merit, bringing an increasing number of people under his influence by way of this invisible linking of fates and this subtle manipulation of personal identifications in order to receive such blessings.

⁵⁹ Incidentally, this influx of new Thai words occurred at the same time as the country known as Siam was renamed Thailand. It was a time of heavy “culture mandates” and, as Streckfuss contends, “Many of today’s Thai believe that the ‘invented traditions’ of this period are authentic Thai customs” (Streckfuss 2011, 233). This is also linked to a major issue for Thai studies, namely the vague quality known as *khwām pen thai* (ความเป็นไทย), or Thainess, that, although best described in terms of what it is *not*, is claimed to be an essence incomprehensible to foreigners (see Thongchai 1994, 7-8).

⁶⁰ Also known as Luang Wichitwathakan.

In the “invisible moral hierarchy” of the Thai social and political world, the delineation of cultured (and classed) patterns of being plays into the patronage system that dominates the governmental and nongovernmental organizations in Thailand. Again, all groups must secure powerful individuals to serve on their Boards or otherwise affiliate with their organization if they are to have any hopes of official status, monetary support, and other forms of recognition or promotion for their cause.

Returning then to the issue of volunteerism, we can locate Phra Paisal as one of the influential people capable of lending credence to the organizations with which he affiliates: in this case, those seeking to promote new forms of volunteerism. In turn, these forms of volunteerism are clearly of interest in the circles that have, since the 1930s, been attempting to maintain social control through the promotion of particular ways of “being Thai” (witness the Moral Center and its funding of the Spirit of Volunteering Network). Granted, the Moral Center is *not* funding the Puttiga Network directly; nor do I have reason to suspect that Phra Paisal has ulterior motives embedded in his engagement with the smart merit and various volunteer programs he actively supports. Nevertheless, by virtue of his role in society, no matter his stated intentions, he fits into a role that remains open to elite-driven social engineering efforts. To understand how exactly this is the case, I turn to a controversy that unfolded on the pages of Thai news magazines and in the blogosphere after the violent crackdown of protesters in May 2010.

Speaking truth to “truth beyond truth”

In September 2010, Kam Pagaa (คำ ผกา), a leading Thai feminist writer and public intellectual, wrote a provocative article in the weekly magazine *Matichon*.⁶¹ In it, she criticized Phra Paisal. She in fact went so far as to say his comments regarding the current political situation made her want to vomit. Her critique – alongside the passionate online responses to it – provide a useful springboard into the deepest issues regarding the world of volunteering in Thailand, including not only the opposing factions involved in the landscape of volunteer services and the institutional structures backing various volunteer ventures, but also and the historical, political, and epistemological underpinnings of such work.⁶²

Kam Pagaa – Lakana Panvichai’s penname – is known for her bluntness and for her daring. And certainly her direct attack on a well-known Buddhist monk follows suit.⁶³ She has “pushed the envelope,” so to speak, in many venues: from her frank talk about sexuality and women’s rights to posing naked and putting forward what she has called a “slut agenda.”⁶⁴ Yet far from a mere exhibitionist, Kam Pagaa is a critical thinker and powerful social commentator.

⁶¹ คำ ผกา “ไม่เถียงแต่ด่า” มติชน สุดสัปดาห์ (3-9 ก.ย.53)

⁶² In fact, Kam Pagaa’s article is not the first in this series. It began with a criticism of Phra Paisal from the writer Pakavadee (no surname), whose comments can be seen as the antecedents to Kam Pagaa’s argument: see <http://www.prachatai.com/journal/2010/08/30801> for her article, “Phra Paisal Wisalo: Reform Autocracy – ‘Abhisit’ Must Dare to Lead Change” (พระไพศาล วิสาโล: ปฏิรูปอัคราธิปไตย – ‘อภิสิทธิ์’ ต้องกล้านำความเปลี่ยนแปลง). Phra Paisal responded in an open letter to Khun Pakavadee (<http://www.visalo.org/article/letterToPakawadee.htm>), launching the series of articles to which I refer here.

⁶³ Kam Pagaa defends herself in this regard by arguing that monks should not be above criticism; she in fact claims that to hold monks in such high regard as to keep them above critique is a modern middle-class phenomenon, and that, in the countryside at least, people discuss and condemn the actions of monks freely.

⁶⁴ *Krathoo Dokthong*, or “slut agenda” comes from the Lanna language slang term *dokthong*, literally “golden flower.”

In this recent *Matichon* article, she uses this dispute with Phra Paisal to touch on the most pressing political issues of the time.

As Kam Pagaa points out, Phra Paisal was featured prominently on the covers of newspapers and magazines with increasing frequency in the months following the government crackdown on “Red Shirt” political protestors in May 2010, in which nearly 100 people were killed.⁶⁵ Phra Paisal has repeatedly called for an end to violence and hatred, encouraging people on “both sides” (red and yellow), to “open their hearts and see the suffering of the other side”.⁶⁶

Kam Pagaa’s main point is that Phra Paisal’s call for compassion ignores the structure of the Thai social and political systems that keeps poor people at a permanent disadvantage. This structural violence, as Paul Farmer has called it, is a major obstruction to justice (including equitable distribution of resources, equal protection under the law, fair elections, and so forth). To illustrate her point, Kam Pagaa uses the example of a poor rice farmer who has a disagreement with his village’s headman. The headman realizes he will lose an ensuing lawsuit, so he has someone kill the farmer. He himself then presides over the judicial proceedings in the wake of the poor man’s death. Thus Kam Pagaa says Phra Paisal’s advice is essentially akin to asking the farmer’s family to wait on the results of the headman’s tribunal, and in the meantime asking them to “open their hearts” to the suffering of this village leader. In current terms, the village headman here would be Abhisit Vejjajiva’s government – who ordered the military take

⁶⁵ The details of this controversial political situation are beyond the scope of this chapter; the issues of the Red and Yellow Shirt protest movements, along with the role of former Prime Minister Thaksin Shinawatra, will be explored more in depth in chapter 5.

⁶⁶ Again, in this particular *Matichon* article, Kam Pagaa is referring to an open letter Phra Paisal published in the journal *K Kon* and on his website: see <http://www.visalo.org/article/letterToPakawadee.htm>.

up arms against the civilian protesters on the streets of Bangkok in May 2010, and then appointed the “independent tribunal” responsible for determining wrongdoing. The “Red Shirts” opposition group (the United Front for Democracy Against Dictatorship, or the UDD⁶⁷), often aligned with former Prime Minister Thaksin Shinawatra, maintain their longstanding call for the dissolution of Parliament and new elections. As the UDD has challenged the legitimacy of the Abhisit government from its inception, even prior to the killings, the continued stalling of new elections is, for them and for Kam Pagaa, further proof that justice cannot be served with the government as it stands.⁶⁸

Before Kam Pagaa took him on, Phra Paisal had already responded to a similar critique in his open letter to the writer Pakwadee (no surname). Therein, he acknowledges that, in the context of a recent interview, he had mentioned a quote about the need to distribute love freely⁶⁹; but, he claimed, he also said that power must be distributed as well. Moreover, as he too frequently addresses “structure” in many of his sermons and writings, he had said that people must recognize requisite factors involved that are beyond the level of the individual – namely,

⁶⁷ In Thai: *nāo rūam praḥāthiptai tōtān phadetkānhængchāt*
แนวร่วมประชาธิปไตยต่อต้านเผด็จการแห่งชาติ or นปช

⁶⁸ This political stalemate is the latest in a string of political controversies since the election of former Prime Minister Thaksin Shinawatra in 2001. Originally the darling of Bangkok, Thaksin was at the center of many firestorms throughout his tenure – from the extrajudicial killings in his drug war and his treatment of the political situation in the deep South to the financial dealings that had him making questionable use of government policy and funds for private profit, including the sale of major assets to Singapore without paying state tax, the charge which eventually led to his ousting, re-election, and then overthrow in a questionable coup in 2006 (see Pasuk and Baker 2004 for history on Thaksin’s rise to power). There is much more to say about this political situation, additional details of which will emerge as the chapter continues.

⁶⁹ Here, Phra Paisal is quoting Adam Kahane, writer of *Power and Love: A Theory and Practice of Social Change*.

those that lie deep within the soul, such as attachment to self.⁷⁰ Here Phra Paisal is gesturing to Buddhist philosophy and religious practice; from this vantage point, he surmises, people would necessarily see that violence can only solve problems temporarily. Thus, with authority vested in him by his status as a senior Buddhist monk, he backs up his political point of view with the backing of *dhamma* – that is, with reference to the teachings of the Buddha and the world at its most profound level.

Why rehearse this debate in the context of volunteerism? It is not necessarily to draw attention to the risk of prosecution that Kam Pagaa faces under Thailand’s defamation laws by directly challenging such a respected public figure – though the reality of such legal threats to critical expression do certainly seem to have an effect on communication patterns in general in the Thai context, as will be addressed in a subsequent chapter, and could certainly limit direct public criticism of volunteer initiatives initiated by high ranking persons. But what instead deserves further exploration here is the uses of religious ontology, as demonstrated in Phra Paisal’s statements above, which points to an explanation of the class-based ideology and political intentions behind several strands of volunteerism currently being promoted in Thailand.

Christine Gray has noted that Thai religious cosmology⁷¹ locates separate realms of beings, ranked according to “wisdom”: that is, “levels of the cosmos are identified with

⁷⁰ Phra Paisal also discusses structure in another way: not in terms of the structural violence that Kam Pagaa addresses, but instead in terms of the structural changes occurring in Thailand that have ushered in greater political participation of the lower classes. As he writes, poor and lower-middle class Thai people are no longer willing to put up with disparity as they did in the past. I am not trying to weigh in on either side in presenting this debate, but rather I here outline some of the major points that arise in public discussion of this kind for what they reveal about the underlying dynamics of Thai political and social systems.

⁷¹ Gray – although enormously influential, particularly of late, for her insights into Thai religion and its relationship to political and economic systems – has been criticized for explicitly calling this a Theravada

categories of persons marked by relative levels of detachment and hence wisdom and/or ignorance, and by distinct speech or communicative characteristics” (Gray 1991, 48). In Phra Paisal’s remarks, he self-identifies as an advanced practitioner by alluding to insights attainable only via such “wisdom” – that is, recognizing the long-term outcomes of violence and the obstacles to political harmony that arise through attachment to self.

Historians of modern Thailand, including Nidhi Eoseewong⁷², have pointed out that type of wisdom is said essentially to be capable of grasping “truth-beyond-truth” – a form of knowledge that is most highly valued and generally trumps other forms of knowledge, even rational argument. In political terms, this type of model of reality limits, by default, the number of people who can claim access to “truth” and, in turn, limits the number of people who can be suitable leaders of society. That is:

Theravada societies are organized around a single fundamental assumption and epistemological model: that the *dhamma* is primarily a hidden or immanent phenomenon that must be carefully ‘searched for’ or ‘illuminated’... [and] is open to a very few exceptional individuals in society – monks and kings [...and] men of pure minds. (Streckfuss 2011, 67, quoting Christine Gray 1986).

This “invisible moral hierarchy” then maps onto classes in Thai society, reinforced by and reinforcing the power structure. This has arisen in several ways. For one, people tend to accept that one’s economic conditions are a function of merit – thus those with better socio-

Buddhist cosmology; I deeply respect her insights here, though I follow scholars who would refer to “Thai religion” rather than “Thai Buddhism” to account for the various influences in religious thought here (see, for example, Mulder 2000; Reynolds, 1991, for Luang Wichit’s role in ethno-religious character; Jackson 1989; Streckfuss, 2011).

⁷² See, for instance, *Pen and Sail*.

economic standing are enjoying the ripened fruits of their karmic seeds, just as the poor suffer from their own karmic burdens.

But even further, social engineering has helped solidify such equations. David Streckfuss, in his remarkable depiction of the Thai nation-state, draws in this regard on Gray and Tambiah to diagram the hierarchical levels of society as correlated to ideals of merit.⁷³ Thus, the “meritorious” include leading business people and the upper echelons of society; those “in the shade of charisma” and the “merit seekers” include appointed politicians, most intellectuals, some NGO affiliates, and the educated middle class; and the lowest groups (the “lowly meritorious” and the “demons”) include most politicians, certain other NGO groups, and certain intellectuals.⁷⁴ Streckfuss, quoting again from Christine Gray’s work, boldly outlines the engineered contours of such a social ranking system:

Writing in the 1970s and 1980s, Gray goes even further, arguing that ‘the royal ritual system quietly generates a new Buddhist aristocracy, selectively disguising the means by which it acquires its wealth and thus ensuring that Thai economy retains the attributes of Theravada ontology.’ In terms of the expanding circle of royal merit, the palace secured the support of significant segments of the upper and middle classes...From 1980 onward, there were concerted efforts to expand the king’s circle of merit to encompass ‘the people.’ The only way to address the threats to the present power structure was, by way of state media and shrewd marketing, to engulf the entire population into the circle. (Streckfuss 2011, 215).

⁷³ Streckfuss further matches these categories to the frequency of defamatory law cases as well.

⁷⁴ Thai equivalents include the following: the meritorious (ผู้มีบุญบารมี), those in the shade of charisma (ผู้อยู่ใต้ร่มพระบารมี), the merit seekers (ผู้แสวงหาบุญบารมี), the lowly meritorious (ผู้มีบุญบารมีน้อย or ปุถุชน or ประชาชน), and the demons (ตัวมาร, พวกมาร).

This material is important to make clear the relationship between the “spirit of volunteering” movement and this politically engineered system of governance.⁷⁵ The organizations initially and most directly involved in promoting this type of *chit`āsā* draw on these old lines of power. To what ends, we are left to tease out.

Of the people, pity, merit, and morality

The Volunteer Spirit Network here provides a foil for seeing multiple angles on these and really all volunteer associations in Thailand. Specific institutional funding modes and even particular personages are rarely spelled out in popular media sources, and critiques of new volunteer efforts rarely delineate this history. Yet it is exactly this lack of precision that leaves the Volunteer Spirit Network and related activities open for attack. Not always the kind of vocal attack and systematic deconstruction seen in the words of Kam Pagaa, but rather a silent disregard – particularly from lower classes.

In the preceding section on NGOs in Thailand, I stressed the challenge of legitimacy many of these organizations feel they face. From their standpoint, the radical history of some NGOS (particularly of “red” groups, as I cast them above) is a barrier to integration and social acceptance. However, there is another challenge of legitimacy operating, this one “from below.”

⁷⁵ I want to make it clear that I am not weighing in on the debate roughly outlined above – particularly in regards to whether Phra Paisal himself is representative of the links I am about to make. In fact, his biography – particularly his activist history – makes him a difficult figure to pin down here and I admittedly did not spend enough time with him to adequately provide testimony to his intentions. Nevertheless, Kam Pagaa does point to historical precedent that implicates the type of organizations with which one might associate Phra Paisal’s various initiatives, and in so far as such associations are made, people may categorize their efforts accordingly. Thus Kam Pagaa, a feminist Marxist thinker, does well to call out the power structure associated with “truth-beyond-truth.” Ironically, she too may also be drawing on the presumption of special knowledge. She and her fellow intellectuals can see clearly while others are left either with conniving trips of power or false consciousness. Thus Phra Paisal may in contrast be seen to admitting more nuance, or at least retaining more flexibility, through his partial acknowledgement of the issue of structural violence.

Some people cast aspersions on all NGO work because they see it as the handmaiden of state and royal interests. The tension here – where a group must align with power brokers in order to effectively work in the current system for its cause, even if their true or original aims might run counter to such hierarchical systems – is one often faced even by more radical NGO factions. For those who gain nothing from the status quo, such alignments do not readily reflect solidarity with the poor and disenfranchised. And there is a further complication: some of these volunteer programs, particularly the spiritually-oriented initiatives, are big business, and the workshops and trainings that are part and parcel of their promotion earn great profits for their sponsoring organizations. Thus it is easy for critics to find reason to doubt the altruistic claims of those seeking to better society through the work of volunteers.

At a more immediate level, individual social status comes to bear in volunteer relationships themselves. Recall Brapin, the volunteer for older people who admitted that it was necessary to “pity” those you serve. To pity in such a way, and to be able to show them mercy, fits in the frame of hierarchy and so too plays into the logic of power outlined here. In this way, volunteerism is a means by which one can prove as well as improve their social status, reproducing these mechanisms once again.

In the end, it is my contention that despite all the rhetoric regarding social change, all the volunteer efforts outlined in this history pivot on the same moral issue: merit. Merit is always the basis of action, however that transformation is sought. In this way, merit making is ultimately an ethical act of great import in these local moral worlds, even if cast in a multitude of ways.⁷⁶

⁷⁶ See Bowie 1998 for an argument regarding merit-making as a form of charity that mediates “the processes of hegemony and resistance” (469). I will discuss the use of pity as a tool for the disenfranchised in Chapter 5.

As Maw Fah made clear at the beginning of the chapter, volunteers do a wide range of activities – and even those that do not directly relate to the physical care of individuals are to be considered appropriate and beneficial. Altruism, rather than self-gain, is greatly valued. But this does not imply sincerely framed practical engagements are of utmost importance – Maw Fah still found great utility in more classic “merit making” volunteer work, such as organizing trips to the temple or monks chanting at a bedside.

Excavating the history of volunteerism in this chapter has brought several key themes to the surface, including how class, gender, and markers of power are at play in the volunteering efforts underway in Thailand today. What’s more, religiously fed notions of pity served to highlight the interpersonal dynamics of relative status involved in volunteer engagements. In the next chapter, I will take a closer look at a common logic of psychosocial support that informs the relationships that ultimately embody volunteerism as well as other forms of caregiving for the elderly. There I hope to show how rhetoric of social change meets the reality of social practice, as well as the modes in which Thai subjectivities take shape in the relationships of care.

Chapter 3. Don't Ask, Don't Tell: A Thai Logic of Psychosocial Support

“What do you do to unwind, to protect against ‘burnout’?” I asked Bee*, a Social Worker in Bangkok who is deeply involved in the palliative care movement there. In addition to her own immense case load, Bee leads trainings for lay people and professionals, helping them to confront the deep emotional components of caring for someone at the end of life.

“I go shopping, I go travelling (*pai thīeo* ไปเที่ยว) with friends.” I pushed her a bit on this answer, assuming that someone with such a sophisticated repertoire of emotional exercises and psychological resources would perhaps also mention a personal counselor or important conversations with friends. It was early in my fieldwork, before I had begun to see a pattern arising in typical forms of psychosocial support. In hindsight, I am not surprised that she did not emphasize – in fact, did not discuss at all – the importance of “debriefing” or talking through personal emotional struggles with close confidants. This chapter provides the coordinates for understanding why sharing emotional stories does not feature prominently in modes of psychosocial support, what modes of support arise instead, and the ramifications of those patterns.

As the previous chapter outlined, there are massive public health efforts underway in Thailand, as the government, international aid organizations, and various civil society actors brace for the projected social change brought about by demographic shifts. The volunteer programs exploding in Thailand are in many ways linked with various “lay health advisor” models circulating the globe. This chapter is an attempt to get a handle on the local realities and

interpersonal dynamics of these efforts by way of a distinct logic of psychosocial support. How do people in Thailand attend to one another? How do they seek and provide support for life's challenges? Are there different ideals for psychosocial support implicit in international public health models, such as those for volunteer-based home care? And how do new platforms for interaction affect the experience and expectations of care providers and care receivers?

This chapter will explore three iterations of “Don’t ask, don’t tell.” I will show how this phrase represents a logic of when to share feelings and how to offer support in public and semi-private interactions in urban Thailand. The stories in this chapter both illustrate and challenge such a parsing, raising questions not only about the values and assumptions of “good care”, but also about the fundamentals of lived experience. Ultimately, the material presents a puzzle – a puzzle about care, culture, and subjectivity. And rather than seek simple solutions, I argue that the puzzle itself is relevant not only to the host of interventions aimed at caregivers, but also to understanding caregiving practice itself in this setting.

First, the basic contours

To ground matters, let me make the following assertion: The idea that it is healthy and important to share your feelings is quite prevalent in the American context – echoed as readily in children’s programs as on talk shows and even in mental health programs. Of course, I am not claiming that all Americans talk about their feelings and there are plenty of counter examples to such a claim. Nevertheless, “letting it out,” “blowing off steam,” or “getting it off your chest,” are all fairly common idioms that reflect this norm. Whether or not this idiomatic strain even represents a lived reality of practice, there certainly is expert support found for emotional sharing

in psychology, trauma research, grief and bereavement studies, and so forth. And, as I will argue, it certainly finds its way into global health programming.

If I may generalize on two fronts, I want to draw a distinction between this, what I will loosely call an American logic of “getting things off your chest,” and a Thai logic of interpersonal support. In some respects, the Thai strategy can be described as a “holding things in,” with a high value placed on the external calmness and placidity. (But it is problematic to assume that there is a hidden internal emotional storm, as is implied by the phrase “holding things in,” as I will discuss.) At first this pattern struck me as a superficiality, a closedness, or even a psychological immaturity. Now it seems to me to fit into a sophisticated and justified logic of mental balance. The overall logic acknowledges that thoughts and emotions are transient. The focus then is on distraction from or replacement of sadness and other unwelcome or unpleasant feelings as the key to internal serenity.

Some people put this logic in explicitly Buddhist terms. “Thoughts and emotions are fleeting,” they would say, echoing standard religious teachings. Just as meditation instructors often remind their students, these people would remind me that we have a “monkey mind,” which hops from topic to topic like a monkey from branch to branch. If you focus on a thought, you reinforce it. Thus, in the recounting and rehashing of negative stories (or in “getting things off your chest,” or “venting” to a friend), thinking about what you are most upset about is like throwing kerosene on a fire – you make it bigger and, in essence, more real. A friend, therefore, helps you take your mind off your troubles and helps you think of things besides your worries.¹

¹ Older people were the most forthcoming with such an explanation, especially clear among a distinct subset of middle-class, middle-aged women who frequently listen to sermons on tape and place a high importance on

Others, in justifying this logic, were less philosophical. “Your friend’s job is to take your mind off things,” one recent college graduate told me, not to engage in serious conversation about feelings. She went on to describe how her closest friend – also in the room at the time, half participating in our conversation, half writing email – would of course know exactly how she was feeling without her having to tell her. “We’ve known each other since we were two!” she exclaimed as explanation.

This young woman, Jean*, had been the primary caregiver for her grandmother for over a year – postponing college to change diapers, cook, clean, and care for her paternal grandmother until the old woman’s death. I was curious how her friend had supported her through that experience. Jean’s friend reported that she could tell what Jean was feeling – though she was unable to describe exactly *what* clued her in, whether tone of voice or topic of conversation or something else – and would respond appropriately. For instance, she said, if she sensed Jean was sad or overwhelmed, she would suggest they go out shopping or to the movies. Would she ever engage Jean, talking about what was troubling her? No, not really, was the answer. Of course, I cannot be sure this is an accurate description of the actual workings of their relationship. But I had gotten to know Jean fairly well, as we worked together at an eldercare project for several months and she was my research assistant for several months after that. Based on her behavior throughout our time together, I was not completely surprised by this claim.

Buddhism in their lives. There are several fundamentalist Buddhist sects and smaller subsets of cosmopolitan Buddhist ventures throughout the country, as will be discussed in Chapter 5, and to some degree this is common in their discourse as well.

This particular relationship – between Jean and her longtime friend – brings to the fore additional elements key to understanding typical Thai social relationships. One critical element here is best summarized in a popular Thai idiom of empathy: *`ao čhai khao mā sai čhai rao* (เอาใจเขามาใส่ใจเรา) literally means “we should take the hearts of others into our own heart,” or, otherwise construed, that we should be mindful of others – of their wishes, their frustrations, their suffering – by putting ourselves in their shoes, so to speak. This phrase reflects the value that one should be able to anticipate and attend to the needs of others without ever being asked. Everyone I spoke with found it very difficult to articulate *how* exactly you perform this intuitive skill.² But the stakes seem high to me. Failure to think about and appropriately respond to the unstated needs of others is in some sense a failure of being Thai – and really, you sense this type of attention all the time, in ways large and small.³

² The concept of *`ao čhai khao mā sai čhai rao* was the topic of a recent blogpost from the Contemplative Education Center group at Mahidol University. Listening deeply and using one’s “sympathetic imagination” were emphasized as the route to understanding not the way you yourself feel but how another might feel. John Dunne’s ideas about “passing over” and “passing back” were then discussed as an alternative way of framing such a practice, in which one puts aside their own rationality to take on that of another. The blogger then described his own experience in Germany volunteering with a Christian group to help the homeless, a way, he claimed, of understanding the Christian perspective in a manner akin to participant observation. The claim was that one can experiment and have direct experience of another’s point of view, rather than merely the imagination of such. (See <http://www.ce.mahidol.ac.th/blog/viewblog.php?aid=5&s=parichart>). The Contemplative Education Center group is not representative of educational practices in general, but is part of an emerging attempt at mindfulness practice as a progressive element of education and research (see โครงการศูนย์จิตตปัญญาศึกษา มหาวิทยาลัยมหิดล, The Center for Contemplative Education, Mahidol University 2551/2008, and ธนา นิลชัยโกวิท, Tana Nilchaikovit 2551/2008). The influences on this movement are varied and certainly include a host of American and European roots, thus I hesitate to use this description as the definitive word on this particular Thai concept of empathy in general; whether we see herein a mixing of what cultural psychologists describe as “independent” and “interdependent” self construals is unclear, as I will describe later in the chapter.

³ In his famous monograph, *Siam Mapped*, the Thai historian Thongchai Winichakul (1994) discusses the amorphous concept of Thainess, *khwām pen thai* (ความเป็นไทย), and the often-repeated accusation that foreigners can never really understand it. *`Ao čhai khao mā sai čhai rao* has a similar form – in that everyone readily acknowledges its importance and claims its practice, but cannot necessarily define or describe the ways and means of its deployment.

Jean's relationship is telling in other regards as well. Thais tend to keep a few close relationships throughout their life. Middle age people with some degree of higher education will sometimes refer to their high school or college classmates as their dearest friends; others remain close with elementary school friends, neighbors, or siblings. This may be related to the hierarchical nature of Thai society: friendships formed early, with one's peers, can ensure a class connection or otherwise transcend the divisions that arise in professional life. Alternately, friendships formed in school might ensure you rise together in the social and professional ranks. In any case, hierarchy also clearly plays a role in people's willingness to divulge personal information.⁴ As will be explored in Chapter 4, Thais are keenly aware of social status, and this is reflected in language (with pronouns dependent on age, relationship, status, and so forth), and bodily comportment (including the automatic lowering of one's body in deference to those of higher rank.)

Strategies of intimacy are also involved.⁵ In her work on sociolinguistic aspects of Thai politeness, Leele Blimes explains that, whereas "North Americans tend to use self-disclosure as a relational strategy to initiate personal relationships [see Gao and Ting-Toomey (1998:67)]... For a Thai, such a strategy would be rare, and for many unthinkable, especially if it involved potential personal or familial face loss" (Blimes 2001, 208). Thus trust too is a major factor in

⁴ One challenge as a white foreign researcher is overcoming, or at least taking into account, the type of status that comes with light skin and the position of academic researcher. Although it is possible that my perception of people's reticence is a function of my subject position, it does not completely explain the explanations and practices I observed. Nor does hierarchy alone account for the social support practices about which I learned – for people do indeed have peer relationships of equality to which they could in theory turn for extended emotional counsel.

⁵ For an extended discussion of intimacy in varying cultural contexts, see Good 1998.

regard to what you share with whom, as fear of gossip or other negative repercussions was often cited as a key reason for keeping certain information private.⁶

The real conundrum for the ethnographer interested in personal experience here of course is that the combination of not dwelling on suffering and intuiting the needs of others, alongside these other factors embedded in friendship and hierarchy, seems to inhibit people from discussing their feelings freely.⁷ My friend Nok, a psychiatric nurse in Chiang Mai, was fond of saying that most Thais did not believe in “ventilation.” “Ventilation” is akin for her to “catharsis”, and she uses this English term to refer to the voicing of emotion and the rehashing of troubles with the hopes of loosening their hold on one’s psyche and helping intense emotions to pass. Nok went on to say that the psychological literature was beginning also to question the desirability of such a strategy, seeming to give more credence to typical Thai behavior.⁸ Don’t ask, don’t tell: you should already know, and the best way to “get over” heartache is to think of, or do, something else.

⁶ Cultural psychologists working in Thailand often focus on its *krēng chai* (เกรงใจ) culture (*krēng chai* referring to “an attitude of self-effacement and humility that aims to avoid disturbing others” as key to understanding behavior (Weisz et al. 1997). Key indicators in such work mirror the elements I have drawn out here, including the inhibition of “outward expression...of strong emotions,” and Buddhist notions of the transience of states of mind (*ibid.*). Results are said to range from politeness and nonaggression to inhibition and anxiety, and this chapter seeks to delve into the fraught nature of this continuum.

⁷ I will return to challenging whether personal experience is in fact best revealed through discussed feelings.

⁸ The popular press in America has recently played up this possibility, as in *Newsweek*’s 2008 article: “Let’s Not Talk About It: A new study reports that sharing your feelings after a trauma may not always be the best medicine.” (see <http://www.newsweek.com/2008/06/02/let-s-not-talk-about-it.html>).

DON'T ASK, DON'T TELL: IS THERE SOMETHING TO TELL?

I was working with people who were dealing with major life events. So why did I so infrequently encounter tears and/or confessionals in my research? I spent months upon months working with people providing care for elderly loved ones, who were sometimes unable even to sit up by themselves. I worked with volunteers who dedicated large portions of their time to helping elderly people in their homes. As described in previous chapters, these volunteers might share information on health practices, or present an older person or their family a gift, or organize some other form of merit making, like inviting monks to chant at Tatsanii's bed. But never much emotional talk, or evidence of it happening elsewhere.

There *were* indications that there was something lurking behind the surface in my work, and of course I wondered if I just was not "close" enough or "trusted" enough to be privy to these aspects of people's lives. And this certainly troubled me. But there was also evidence that in any given moment, what I was seeing was speaking a truth that held nothing back. So this is part of the puzzle that I hope this "logic" helps unpack.

Sharing and its effects

It's not that people *never* talk emotionally.⁹ In this section, it is the presumed effect of such talk that I want to explore.

⁹ I asked many people to share their feelings with me over the course of my research. The answers to such direct queries varied. Also indicative were things people shared spontaneously. But of course, following the logic I outlined above, my needs and desires were, to a certain extent, constantly being taken into account. I will address these additional layers of giving and taking as the chapter progresses.

One evening, Ying (the younger of the caretaker daughters introduced in Chapter 1) and I were talking over the sink.¹⁰ Ying was hovering over me as I washed the dishes, not exactly criticizing my efforts, but certainly taking control over the arrangements of the clean dishes on the drying rack. It was a typical dance of two “control freaks,” an interactional pattern between us that often had me laughing at the ridiculousness of our moves, all while trying to take in everything that was passing between us.

“I could tell you a heartbreak story that would really make you sad,” Ying told me, as she rearranged a couple plates I had laid on the rack. I told her that my heart was big so she need not worry, I could take it in – thinking that she was referring to her husband who, as she had described to me weeks before, had left her for a younger woman she herself had first befriended. But in fact, Ying had other tales of woe in mind, including the untimely death of her main benefactors and the loss of her best friend who died while working in Singapore.

I would like to claim that this evening’s chat was an indication of our becoming *sanit* (สนิท), close friends who could share their troubles. I would like to see this as proof that Thais (crudely generalizing) open up in recognizable ways in intimate friendships. But in fact there is much more than that to explore regarding Ying’s stories and her motivations for telling them to me – which involved subtle manipulations to elicit pity (and money) in addition to any genuine expressions of camaraderie. Nonetheless, a simple aspect of this event stands out to me in this

¹⁰ My husband had recently begun accompanying me on visits to their house (where I would eventually move after he returned to the United States), and his presence in the house had deepened the bonds between us all. He was taking sewing lessons from Aom, the eldest sister, and since her time was taken up with this task, I had suddenly somehow become allowed to participate in the direct caregiving tasks as well as the household chores.

context: the idea that sad stories elicit negative emotions in the listener. Her story would really make me sad.

Many people indicated that one must be sensitive to the effects of their speech on the emotions or reactions of others. Emotions in this way are construed as contagious – and the expression of negativity can have ill effects for both the giver and the receiver.¹¹

There is another Thai idiom relevant here: *fai nai yā nam`ōk fai nōk yā nam khao* (ไฟในอย่านำออก ไฟนอกอย่านำเข้า), which literally translates “the fire inside should not be let out, and the fire outside should not be brought in.” In a general sense, the saying advises people to be humble, to hold things in, and to follow the top-down rules in a hierarchical system. Friends interpreted for me “the fire” in this phrase to be anything bad. “The bad inside, we don’t express it. It is best to keep it inside yourself, inside your community, inside your organization... Don’t bring the bad to hurt other people (or yourself).”

How could such “fire” hurt one’s own self? One informant – a volunteer for a local elder care project as well as a longstanding village public health volunteer – described the danger through another metaphor: a flood. She said that people generally do not want to “open their heart” because “a flood” could ensue – a flood of negative emotions that would overtake one’s life. She certainly hinted to me over the course of our interactions that she knew about such potential, given her role as the main caregiver in her family for her mother as well as her two

¹¹ It is tempting to relate this to Briggs’ description of Eskimo fear of long-lasting anger. As she describes, “In Eskimo belief angry thoughts long fostered can harm others simply by the force of their own festering; the wish to harm has the same effect as a physical attack” (Briggs 1970, 197).

brothers who had died, respectively, of AIDS and of alcoholism. Yet she kept a tight rein on her descriptions of these events, indicating pain without divulging details of her inner states.

Another friend, a masseuse named Mam*, shared this sentiment. Mam has become a defacto consultant/advisor to her clients as well as to her friends, and she shared with me her philosophy regarding such a role. People need not relive their pain, for that would only serve to enhance it. She stressed that she does not want to open up old wounds (presumably by asking too many questions) because that would only lead people to think more and make their life miserable. Instead, Mam often challenges people by asking them, “What if you died tomorrow? What if you died tomorrow and you were angry and stressed today?” Your soul, she says, would be heartbroken. What a waste of a short life!

Again, it is not that people never voice their emotional turmoil. For example, Mam related to me a horrifying story about talking her friend out of murder. The situation: one night this woman had called her husband, who must have inadvertently answered his cell phone, allowing her to listen to him having sex with another woman. The friend was frantic when she talked with Mam, recalling in fury every detail of the 40 minutes she had spent listening to the act of infidelity. She had clearly not “held it in” in some heroic or philosophical act of reticence. The story came pouring out to a trusted confidante, who listened and reasoned with her not to kill the man, despite his treacherous behavior. Nevertheless, the story reiterated for Mam not the benefit of sharing in this way, but rather the importance of *not* fanning the flames of internal fire. There are of course times that interpersonal support is necessary, but the goal is always to escape the cycle of negative thinking (and resultant negative emotions) as soon as possible. This then

fits the larger social expectation that people should not unduly “vent” their emotions. Emotions, it might be said, follow physical form: hold the external together and the internal will follow.

Holding

It might seem this logic of psychosocial support is contingent on a common pattern of “holding”, of holding one’s emotions inside. In discussing this possibility, a trusted friend suggested the term *klan* (กัณ) or *klan čhai* (กัณใจ) as the relevant term. *Klan* has a meaning of holding or restraining, as in to hold one’s breath (*klan čhai*). The Royal Institute¹² defines the word in terms of “emotions” or “things which are inside the body” that are “forcibly or mandatorily unexpressed.” Though no one used this exact verbal formulation in interviews with me, the value of holding things inside is indeed evident in such a term.¹³ But is this the best way to understand people’s experience?

Sriwan’s* story provides a way into such a question. I first met Sriwan in November 2008. She was spending most of her time alone on the steamy second floor of her wooden house in Chiang Mai city, lying in bed with an electric floor fan pointed at her chest. Her hair was dark and short and, despite being bedridden, she looked considerably younger than her 80 years. It was relatively cool outside at that time of year, but the room was stuffy and warm, and the dark walls and lack of natural light intensified the depressed mood of the small space.

¹² 1982 version, see <http://www.thai-language.com/id/133145>.

¹³ There are of course times when such lack of expression is impossible. A dictionary sample sentence expresses such an instance: *lāi khrang thī thalāngkān kānprachūan khōng phra`ong mai sūdīnak lāi khon kō` klan nāmā wai mai yū* (หลายครั้งที่แถลงการณ์การประชวรของพระองค์ไม่สู้ดีนัก หลาย คนก็กัณน้ำตาไว้ไม่อยู่): “On many occasions when the announcements regarding their health were not favorable, many people were *unable to hold back* their tears.”

Sriwan was in enormous pain. She found it excruciating to walk and often painful just lying down motionless. She was deeply troubled, recounting her last several visits to doctors who could tell her nothing about her condition. She feared a return of a cancer like the one she had fought nearly ten years before, but there was no word yet to that effect. With no medical description, she turned to a psychic, who pinpointed the cause of her pain to a wandering spirit (the angry ghost of a young man killed at a nearby intersection). She had followed psychic's advice, making merit for the spirit at her temple and placing flowers and incense at the intersection itself – all to no avail. She was left wondering about the state of her karmic burden and fearing the unknown. All she wanted to talk about was the uncertainty; all she wanted, it seemed to me at the time, was to *know* what was ailing her.

Flash forward to August, 2009. After many months of in-patient treatment at a hospital near Bangkok, Sriwan was back in Chiang Mai. I first heard she was back from a friend of hers, who told me she was in the terminal phase of bone cancer. Now she lay in a bed placed in the airy and open first floor of her daughter's home. Neighbors came and went at ease, able to call to her from the street and pop in without entering the private reaches of the house. Her hair was now completely white, looser and longer than I had seen it before. Twice a week her daughter or her daughter-in-law would place a plastic sheet on her bed and wash it for her. She was catheterized and completely dependent on these two women, who washed and changed her daily, prepared her meals, adjusted her TV and radio, and sat to chat briefly throughout the day. Her 2-year-old granddaughter too would come and amuse her, drawing pictures and romping around her queen sized bed.

This environment stood in stark contrast to that of her old room – not only bright and light, but jovial in every sense. What had changed? Had she finally gotten clarity about her medical situation? Was peacefully approaching an expected death? Not exactly...

Before I visited, I was told I must be careful not to say anything about her bone cancer. Her old friends, her children, her husband, her neighbors, everyone knew she had this bone cancer – everyone, that is, except her.

I was not exactly surprised. Thai families often do not share such a prognosis with a patient (see, for example, Temsak Phungrasami et al. 2003). I had heard many times how sharing such news could, and regularly did, hasten the death of a person. Sriwan was a case seemingly in point – the doctors had told her family she would be dead by June, yet here she was months later in the foyer, chatting with all who cared to visit.

Over the course of several visits, I did find it remarkable that Sriwan was no longer focused on gaining specific certainty on her condition. She told me about her time in Bangkok, but only in brief; flanked as we were by family members, I felt a slight tension, like hackles raising, whenever our conversation ventured too close to her physical state. Instead, we focused on her experiences as a volunteer in the past, and I dutifully interviewed her in this semi-public space in a way that allowed her to relive certain memories and share her exploits from the past. But away from her bedside was a different story. As I helped prepare food and readied the table with the family, we would sometimes whisper about her diagnosis – though it was only in these hushed encounters that I gleaned a few details of her case.

Then one day I happened to sit alone with the old woman, the rest of the family busy with other chores. We began to talk about her illness. She was relating details of her time in Bangkok, but abruptly stopped her description when she saw, out of the corner of her eye, her daughter approaching. As I recorded in my fieldnotes:

She gets a kind of wild look in her eye when talking about her illness now. Before it was a litany of despair; now, it's like sneaking to describe what has been said and what she has gleaned, stopping when the daughter is near... I wonder if she is searching my face for clues, I wonder if she wonders why I don't ask more directly or more often what the doctors have told her, etc...

Is my presence as an ethnographer and my former line of questioning provoking this? How much does she know? Here she is, surrounded by those dearest to her – her husband, her children, her closest friend who has known her since elementary school. She presumably has spent a lifetime assessing their needs and supporting them in times of trouble. Can she read on their faces now the secret they share about her? Does she silently support them by allowing them to support her in this manner?

Cultural psychology, psychological anthropology, and the question of the self

I find it very hard to imagine that this is a society in which people are actively stifling their internal experiences at most times. So it is tempting then to take a cue from old cultural psychology models, which suggest distinct cultural constructions of the self to help get out of this bind. Although I do not want to get sidetracked by blunt definitions of the underlying “self”, they do mark an important trajectory in anthropological thought that deserves attention at this juncture.

In 1991, Markus and Kitayama published a seminal article in the field of cultural psychology. “Culture and the Self: Implications for Cognition, Emotion, and Motivation” claims that the “West” and the “East,” generally speaking, have distinct ways of understanding the self: the *independent* self construal and the *interdependent* self construal. The authors present data primarily from American and Japanese studies that reflect an emphasis on dispositional attributes, separate from context, as the basis of selfhood in Western conceptions, while “the self is viewed as *interdependent* with surrounding context,” in Eastern construals, and “it is the ‘other’ or the ‘self-in-relation-to-other’ that is focal in individual experience” therein (225). Certainly one could find resonance for such a view in Sriwan’s story. As she was cared for without mention of her illness in her family’s open-air foyer, and even as she returned to old themes of pain with an ethnographer historically interested in such matters, it seems her state hinged on the context provided by those around her.

Markus and Kitayama reference a host of cultural anthropologists in their work. They use the words of Clifford Geertz (1975) to flesh out what they mean by the independent self construal, with its view of the person as “a bounded, unique, more or less integrated motivational and cognitive universe, a dynamic center of awareness, emotion, judgment, and action organized into a distinctive whole and set contrastively both against other such wholes and against a social and natural background” (Markus and Kitayama 1991, 226). And they then paraphrase N. J. Allen, from an anthropological collection on the “category of the person,” to suggest that in other cases, “the *individual*, in the sense of a set of significant inner attributes of the person, may cease to be the primary unit of consciousness” and that it may make “better sense to think of the *relationship* as the functional unit of conscious reflection” (*ibid.*)

Their bibliography represents key figures in psychological anthropology, with reference to A. Irving Hallowell, Jean Briggs, Robert Levy, Catherine Lutz, Nancy Chodorow, Richard Schweder, and Robert LeVine, among others, as well as foundational works from Mauss, Durkheim, and Weber. The list reads much like the lineage Robert LeVine traces in a recent review of the anthropological roots of cultural psychology, in the 2007 *Handbook of Cultural Psychology*.¹⁴ LeVine also draws attention to the foundational work of Edward Sapir and brings greater clarity to the progression of these ideas. Sapir, better known of course for his linguistic anthropology, was greatly influenced by psychiatry. Although never articulating a methodological program for psychological anthropology, he greatly influenced people like Hallowell and Kluckhohn, who carried on Sapir's distinction between culture and the individual. LeVine makes clear how Geertz's influential definition of culture sprang from the early work of his teacher Kluckhohn, and how Hallowell's attention to "the self as an object of ethnographic inquiry...initiated interest in culturally constituted defenses as a key concept for the cultural study of psychodynamics" (LeVine 2007, 50).¹⁵ All of which to say, there is anthropological

¹⁴ Though LeVine includes important additions, from Boas and Kroeber to Obeyesekere and Spiro, among others.

¹⁵ LeVine's take is that the culture and personality movement of roughly 1925-1960 "generated new, important, and basically sound theoretical ideas but failed to achieve consensus on a research program, on methods to be used to test and elaborate the theory, or even on what body of knowledge it was attempting to construct through its research" (Levine 2007, 53). He cites important work in the interim – with a focus on several important contributions from 1973 (including those of DeVos, Doi, Geertz, LeVine, and Levy) in the loose category of ethnopsychology, which, whether or not the authors subscribed to such a label, uses indigenous psychological categorizations without necessary link to Western psychological concepts – though he admits that a unifying theoretical framework and methodological program is still lacking. In assessing the contemporary field of cultural psychology, Richard Schweder (2007) makes a similar point; while acknowledging exciting developments since the 1980s that focus on the local manifestations of psychology rather than a quest for testing universals that has characterized much of the quantitative work of psychological research, Schweder is skeptical of the field in general for its lack of core texts and enormous range of methods. As I will conclude this chapter, I see my own work in line with more recent developments in this trajectory, namely, studies of subjectivity, which critically expand the scope of the inquiry into more complicated realms of the political, the moral, the medical, and the social. Subjectivity studies, however, are also without one clear program: though as Joao Biehl, Byron Good, and Arthur Kleinman write in the introduction to their recent

precedent for considering underlying notions of the self in an inquiry into forms of psychosocial support.

Although somewhat dated, depictions of culturally influenced self-construals offer some important elements for consideration. Like many anthropologists, I share a distrust both of experimental methods and the quest for statistical verification of anthropological insights (despite the Boasian tradition and the important breakthroughs made in such a vein). As Markus and Kitayama draw out the implications of different construals of the self in terms of cognition, emotion, and motivation, they are at their best when they draw from ethnographic data that ground insights regarding the social construction of feelings and emotional meanings. Yet their broad and sweeping statements regarding cultural types, even with caveats for individual personality, are often harder to handle. Moreover, their use of personality type tests and other standardized methods to prove hypotheses feel, at times, like too much taken out of context.

Thus I do not want to get caught up in debates about whether or not there is a different conception of the illusory “self” to be ascertained. In contemporary medical anthropology, the shift in emphasis away from “the self” or “the person” to more comprehensive understandings of “subjectivity” or “subjectivities” broadens the discussion to allow politics and history and other social legacies to become part of the analysis. Even as I continue to draw on Markus and Kitayama, it should become increasingly clear that, in the end, I take my cue more from those who seek to “link investigations of symbolic forms with studies of the lives of individual” as I

volume on the topic, “striving for a single analytical strategy would have been limiting and premature at best” (1).

try to tease out implications for emotional experience and possible motivations for behaviors from my data (Biehl, Good, and Kleinman 2007, 8; see also Good et al. 2008).

“Don’t ask, don’t tell” ultimately presents an unanswerable question regarding whether there is something to tell. I think we are primed to think there is something to tell; so in the following sections, I want to present some other possibilities. I therefore turn now to efforts of “letting things out,” as a point of comparison.

DON’T ASK, DON’T TELL: CONTEXT

Taking Cues

One day as we were working together in the office of a home-based elder care project in Chiang Mai, Professor Jintana* told me that she often does things “in a funny way.” We were discussing the ways in which meditation practice might help someone navigate pain at the end of life. I suggested that perhaps such a practice might help you examine pain more closely so as to distinguish the physical sensations from those of fear. She then told me the story of her first childbirth. She said she had been incredibly frightened, afraid of dying in the process, and so she had denied drugs and instead read a novel. In a soft and endearing tone, she re-enacted the screams of agony from the beds on either side of her in the delivery room. And then she placed her hands in the form of a book at her chest, demonstrating how there she was, in the middle of it all, quietly reading her novel.

She then reiterated that she often does things in a funny way. “Like my marriage,” she said. “I chose him for a funny reason,” she told me, as I recalled that she had married at age 19.

She went on:

I was jealous of my younger sister. She is much more beautiful than me...Growing up, my parents always loved me a lot, maybe more than my sister. But she is very beautiful, maybe more beautiful than me, so I was afraid that they would love her and not me. So I decided to find someone to love me.

And then, casually, she remarked that she had never before told that to anyone else. Never.

Of course, I am tempted to read this through the lens of “holding” and of inhibition, which would render the “don’t ask, don’t tell” logic as if much goes unsaid at all times, and an ethnographer would miss the “reality” of subjective experience to miss such internal identities. It certainly fits in many ways. One can see that the motivations she revealed in this instance are counter to the social norms of duty, love, and selflessness. Fear of gossip that could taint people’s impression of her could certainly motivate her to keep these thoughts inside, though they may be present for her as she assesses her life. Yet, there is more to the circumstances of her telling me all this, which disrupts this interpretation.

The Professor had told me this story shortly after a slightly contentious meeting we had held in the upstairs conference room. We were planning a focus group to probe current attitudes toward care for the dying in a nearby neighborhood, and we were discussing the questions we wanted to ask. The main issue was whether to use the formal, biomedical term for end of life – *raya sutthāi khōng chīwit* (ระยะสุดท้ายของชีวิต) literally “the last stage of life” – or the more traditional expression of *klai tāi* (ใกล้ตาย), literally “near death.” I had been irritated by

Professor Jintana's approach; I felt she had not understood the point of the endeavor, and I had subtly withdrawn my support from her translations in our discussion. I had avoided eye contact with her and supported another as main facilitator.

Jintana does indeed have "funny ways." A retired professor of education, she has many antiquated ideas about research and community work, and I got the impression that many people in the organization dealt with her strategically. But she was also kind and generous, and we had spent a great deal of time together, particularly early on in my fieldwork. She knew that I was motivated to understand how people *felt* and how people understood their lives. Having been an English teacher with relationships with foreign researchers for decades, she had experience with Americans. And, true to form, she was quite skilled at *`ao čhai khao mā sai čhai rœ̄*, understanding what others might like (especially those with whom she wanted to develop alliances) and trying to take care of those desires.

I reflected in my fieldnotes about this encounter in several ways. There was the notion that some mood in the room had reminded her of a feeling she felt long ago, prompting that story. There was also the notion that she felt a feeling or fear of abandonment and a desire to be loved in our meeting, and she wanted to do something to ensure that she is still loved by telling me these intimate details, the content of which in fact parallels this emotional line. Indeed, she said the story in the context of doing things "in a funny way," as if apologizing for her actions. It felt like a dance had arisen between us, trading in codes to maintain the quality of our relationship.

And in my fieldnotes, as here, I struggled to articulate something more. As if trying to get beyond the culturally mediated construction of emotion, I then wrote of emotion as that which arises purely energetically. Stories are then attached, giving the feeling definable contours. Perhaps people have a tendency to repeat the same stories for particular ranges of feelings or energies. Thus the feelings associated with abandonment may have arisen, in which case Jintana's revelation would indeed tell me something about her person and subjective experience in life.

Or could it be that Jintana sensed my disappointment in the meeting, and so she tried to "give me" something I would want – some insight into her psyche in a way that I could understand and value? In this way, I cannot read a more authentic self in Jintana's self-disclosure. Instead, I only get information about a self formed in collaboration with myself. Heisenberg's uncertainty principle writ large: the observed depends on the observer. In which case, what is key to self-understanding, as well as self-presentation, at any given moment depends on with whom the "self" is engaging.

Performing emotions?

I walk into the session a bit late. It is the fall of 2008 and I am attending one of the increasingly prevalent end-of-life care trainings at a large teaching hospital in Bangkok. I am the only non-Thai, out of hundreds in attendance. Nevertheless, many of the break-out sessions and panels at this two-day event are titled in English, as is the conference itself ("Empowering

Palliative Care Team”).¹⁶ But this particular session stands out, as it is named, in Thai, “social caregiving” or, more directly, “taking care of society” (*kāndūlā sangkhom* การดูแลสังคม).

It is a classroom set up, and I enter in the middle of a series of exercises. We are instructed to write and draw answers to various questions, some quite probing, like what we want at our funeral, and so forth. There are three organizers, all female: a petite professional woman, around 40 years old, is in the lead, flanked by two younger NGO activist types. They all lead confidently. We all, in turn, seem to follow their instructions.

Bee, the social worker with whom I began the chapter, is the leader. She strikes me, here at our first encounter, as a little ridiculous as she repeatedly picks up the tissue box. She is at the ready for those experiencing tearful emotions. But as I look around, I certainly do not see tearful emotions registering on the faces around me. And at that point, I had rarely seen public displays of that type in Thailand.

We are then told to write a letter to a loved one who has died. We are given time and, as with the other exercises, more paper and tissues are offered as we proceed.

Then, the moment of astonishment. Bee stands at the front of the room, and in her sweet lispy voice calmly asks for volunteers to share what they have written. A bit of laughter ensues, followed by an uncomfortable silence. Clearly there will be no volunteers outright. Waiting only

¹⁶ Here we have an iteration of transnational discourse finding form in Thailand, as should become increasingly clear.

a few seconds, Bee pulls out the roster sheet from the breakout session. There are 50 of us in the room, all registered with coupons to participate. And that is it. She picks a name, calls it out, and the woman called has to step to the front of the room.

After a couple quick presentations that miss the point, Bee reiterates her intention and finally a woman gets up, clearly nervous, almost shaking. She is angling to skip her turn. She begins and says she cannot go on. But with a strong but firm touch on the arm, it is immediately clear Bee is giving her no option. Part of me yearns for her to sit down and end this torture, but most of me is just fascinated at this performance among strangers. The letter reader cannot face the crowd. She turns around. With the social worker's arm firmly around her waist, and tissues taken up, she chokes through her entire letter. Warm applause. She takes her seat.

And this goes on and on, several more times: tearful letters read with one's back to the crowd, followed by polite applause, until time is finally over and everyone politely files out of the room.

Again, "don't ask, don't tell" takes on a new dimension. It is as if there is a caveat: don't ask, don't tell, unless you are in particular circumstances. So what are we to make of these emotional outpourings? These performances of sadness, of fear, of remorse? Might people "hold in" their negative emotions through months and years of caregiving, only until they are no longer able, or it is socially acceptable to release their tears? I clearly do not think the answer is quite so simple, as I want to suggest in the remainder of the chapter.

Calibration

A bit more about Bee. As she tells it, she wanted to be a social worker since the age of ten. She describes going to an orphanage for blind children on a class trip and coming away with a profound sense of wanting to work for others. Now, decades later, she attributes her lack of burnout in part to her personal drive to be in the profession.

Bee is active with HIV/AIDS patients, among others, nearing the end of life – a key player in the burgeoning palliative care movement. But since this movement is relatively new in Thailand, and Bee’s career is already quite long, I asked her how she used to approach death with such people. She told me that everyone used to be afraid – not of catching HIV, but afraid that their patients would die broken hearted. “So we didn’t talk to them about death at all. If they were really close to dying, we wouldn’t visit them.”

It was a dream that started to change Bee’s attitude toward the dying. She told me about a patient, a man she had been close with over the course of his treatment, whom she had not seen before he died. They had had an argument that strained their relationship, and when he was back as an in-patient at the end of his life, she avoided visiting him: a combination of hard feelings, fear of provoking sadness, and discomfort with such situations. Just before his funeral, he came to her in a dream. He was healthy, though he appeared in a coffin. He said to her, “In Thailand, we cremate the body. Help lower me into the coffin.” Helping to put a dead body in the coffin is a way of making merit. Bee interpreted the dream to mean him asking forgiveness, offering her a way of making merit as a way for them both to cleanse the ill effects of their prior argument. But more than that, the dream affected her understanding of the needs of patients before their death.

This was ten years ago, right at the start of palliative care beginnings in Thailand; and shortly thereafter, when she was invited to start working on palliative care, she took the opportunity.¹⁷

Bee has an impressive ability – and an imperative really – to encourage people in emotional sharing. I therefore found the following story she told me one day quite revealing.

She was telling me about a woman who was dying of cancer and the little boy she was leaving behind. Children are not allowed in the intensive care unit (ICU) in Thailand, unless a patient is about to die. So Bee sat with the little boy outside the ICU, preparing him for his final visit. She explained to him what he would encounter, what he would see, and coaching him how he must not cry.

Knowing how key emotional sharing was to her practice, I asked Bee why this was the case. Why must the boy not cry? She patiently explained that in Buddhist beliefs, one must not cry around someone who is dying, for it will cause them to worry, and they will then be unable to pass to the next realm.

So here we have someone on the cutting edge, incorporating ‘modern’ forms of palliative care, though *calibrated* to more traditional understandings of appropriate emotional sharing. The idea that hospital spaces, so similar in form around the world, would be governed by a different

¹⁷ There are indeed Thai rituals for saying apologies right before death, such as the ritual to *‘ahōsikam* (อธิษฐานกรรม), which Bee has incorporated into her work. This involves cleansing the negative karmic effects of any wrongdoings and/or ill will between people; and to have the opportunity to do this is thought to be a function of one’s merit. Again, we are here back at the symbolic and transformative actions reviewed in chapter one.

logic was intriguing to me. I pressed Bee further, asking if there were special rooms in the hospital that *were* appropriate for crying. Bee repeated my question back, as if a bit nonplussed. She said, of course, there were spaces in front of every hospital building. These rooms were for many activities; for example, she said, one could go “support” (she used the English phrase), eat together with relatives, and so forth. So yes, there were rooms like that.

That I had never seen anyone cry in these usually open air, public spaces is made legible in my mind by the logic of psychosocial support I am trying to describe. There, one could go and be supported, though not in the way of venting and crying. By eating together. By normal activities of interaction. Light. Buoying.

Nothing to ask, nothing to tell

So I have been pointing to a range of questions throughout this chapter: Is there something more happening that people are not saying? Are the differences I have set up differences in styles of behavioral expression, or are they reflective of a different phenomenological experience underlying behavior? Is experience a function of context – that is, do certain contexts *reveal* emotions, or *generate* them? And, furthermore, is the expression of private emotions indicative of people’s truest senses of themselves?¹⁸

I find it very hard to imagine that this is a depiction of a society in which people are actively stifling their internal experiences at most times. Yet it seems that the most readily accessible way of making sense of these stories would be just that. Could this be a function of

¹⁸ That is, do we assume that particular emotions – grief, for instance – are most closely linked with intimacy?

the dominant form of self-construal in my own tradition? As Markus and Kitayama describe, “not to attend to one’s inner feelings is often viewed as being inauthentic or even as denying the ‘real’ self” for those with a primarily independent self-construal (236).¹⁹ Furthermore,

Interdependent selves do not prescribe or require such a consistency between one’s internal attributes and one’s actions. Consequently, the press for consistency should be much less important and much less bemoaned when not observed. In fact, consistency from an interdependent perspective may reflect a lack of flexibility, insensitivity to the context, rigidity, or immaturity. (Markus and Kitayama 1991, 247)

Such a statement might lead us to see Thai interactions, as I portray them in this chapter – and further, throughout a variety of ritual practices as described in Chapter 1 – as perfect exemplars of such “interdependent selves.” But we could ask further, just as Markus and Kitayama have done, “are the observed differences primarily a reflection of differences in styles of behavioral expression, or do they also reflect differences in the phenomenology accompanying the behavior?” (247). And in fact, there is much to consider here. Citing famous monographs like Levy’s *The Tahitians* and Briggs’ *Never in Anger*, there seems to be some evidence that, for instance, “very little anger is elicited” in societies where people put great importance on attending to others, on being nonaggressive and considerate.

It seems there are two hurdles to overcome here. The first bias is the notion that expression of private emotions is indicative of people’s truest senses of self. The second, correlated issues, is the idea that certain reactions are universally relevant for experience. Why must we presume (or, do we presume?) that there is some consistent self that persists across time, with a distinctly locatable set of senses and sensibilities that, in the truest moments, is

¹⁹ Clearly, this harkens back to my argument in Chapter 1, and I might mark the historical precedence for Markus and Kitayama to lean toward a “sincere” frame of reference.

authentically telegraphed into actions and behaviors? And must we presume (or, again, do we presume?) that if one analyzes a superficially similar experience, there will necessarily be a recognizable set of emotions there – like, in the case of caregivers, burden, guilt, sadness, remorse?

In making their case, Markus and Kitayama merely raise questions about the implications of their ideas for emotion, cognition, and motivation. But they do so with important research findings brought about by psychological anthropologists. As they so succinctly relate:

Rosaldo (1984) contended ‘feelings are not substances to be discovered in our blood but social practices organized by stories that we both enact and tell. They are structured by our forms of understanding’ (p. 43), and we [Markus and Kitayama] would add, specifically by one’s construal of the self. In an extension of these ideas, Lutz (1988) argued that although most emotions are viewed as universally experienced ‘natural’ human phenomena, emotions are anything but natural. Emotion, she contended, ‘can be viewed as cultural and interpersonal products of naming, justifying, and persuading by people in relationship to each other. Emotional meaning is then a social rather than an individual achievement – an emergent product of social life’ (Lutz 1988, p. 5). [Markus and Kitayama 1991, 235]

I want to underscore that the ideal of “don’t ask, don’t tell,” need not rest on an implicit underbelly of private experiences that are held in; instead, there could be something to William James’ notion that emotions follow behaviors, and in fact, not being asked leads to having nothing to tell.²⁰ Peoples’ actions may in that moment represent the whole of the subjective experience. Perhaps in hindsight or reflection, other impressions can be overlaid, a new subjective experience encountered; but these in turn are dependent on the circumstances in which

²⁰ Again, as parsed in cultural psychology terms, “not only does the experience of an emotion depend on the current construal of the social situation...but the experienced emotion in turn plays a pivotal role in changing and transforming the very nature of the social situation by allowing a new construal of the situation to emerge and, furthermore, by instigating the person to engage in certain action” (Markus and Kitayama 1991, 235).

those moments of repose arise. The self, regardless of how it is construed, remains an elusive and perhaps even an illusory quantity.

“Don’t ask, don’t tell” then seems most productively considered a logic indicative of a particular mode of relational subject formation. Thus, stepping back in a way, we might ask: What is the nature of the presumed subject here? And why does it seem there are new modes of subject formation being championed right now in the Thai context? And to what effect?

DO ASK, DO TELL: DISCLOSURE AND AUTHENTICITY

Structured telling

During the course of my fieldwork, I attended a workshop, organized by a progressive Buddhist collective. The workshop was entitled, “Approaching Death Peacefully.” It was an intensive gathering, with participants delving deeply into issues of death and dying over the course of a long weekend. This is in fact one of many of such workshops, on an array of topics, all focused in one way or another on reflective practice or contemplative education. There is a consortium of groups involved in these activities – though this particular group is of particular interest, as it was Phra Paisal’s Phuthikā Network, introduced in the last chapter, focusing on death, dying, and volunteering.

The organizers used role-playing as a key device to initiate discussion of breaking the news of a terminal medical prognosis and making decisions about advanced care. I found these role-play experiences fascinating and quite illuminating, for my own lived experience as well as

for what I witnessed around me, and so I offer an ethnographic account of one here to begin the discussion of new forms of disclosure in the Thai context.

For this particular exercise, I was paired with a middle-aged nurse named Haley. She was affable but perhaps only half-heartedly engaged. She was attending the workshop with a group of colleagues from her hospital, and was presumably there on work duty rather than of her own volition. So we were paired, and then separated to get our roles. I was told that Haley, for this role-play, is a relative of mine. She is a driven woman with an upper management position at a growing company. As far as she knew, she was in for a routine treatment of a chronic condition and was eager to get back to work as soon as possible. But her family knew that in fact her condition had worsened; doctors had found an advanced stomach cancer and did not think she would make it out of the hospital this time at all.

As I have mentioned, Thai patients are regularly shielded from full knowledge of their diagnoses and prognoses – as is the case in other parts of Asia.²¹ However, palliative and end-of-life care supporters – embracing global claims of holistic care that deal directly with people's hopes and fears around their approaching death – have increasingly challenged this tradition. Readyng the Thai populace for improved end-of-life care has led to much debate about the “right to know” one's diagnosis and *some* training of medical professionals to “break bad news.”²² This workshop, in part, can be understood as part of such an effort.

²¹ For comparative perspective, see MJ Good et al. 1994.

²² See Atul Gawande's 2010 New Yorker article, featuring Dr. Susan Block, regarding the skill involved in breaking the news of a terminal prognosis.

Here I was, cast as a relative of Haley, the dying patient with no knowledge of the extent of her physical ailments. I was brought in by her three daughters to help with the situation. These daughters, I was told, had been unable to get through to her, as she was completely focused on her work responsibilities, and they could not bring themselves to tell her the “truth” (“truth” here the biomedical reality.) So they had approached a trusted relative (me) to break the news.

This was not exactly a public performance – all participants were paired and found their spots around the conference hall to engage in the scenario for themselves. Only later would we come back together to reflect on the process. We had been given our roles independently, and so Haley knew only that she was stressed about work, was in for a routine hospital check, and was expecting a visit from a relative. I approached, pretending she was lying not on a conference room floor but atop a hospital bed. We greeted each other and proceeded in typical hospital visit fashion, at least at first. Had she eaten? Who had been to see her? How was she feeling?

Soon the conversation turned to her work concerns. As I had been primed, I recognized her preoccupation with business and her eagerness to get back to her daily affairs. She admitted pain but remained steadfast in her conviction that her time in the hospital would be over in a few days.

The situation was intense and difficult. I felt I had to complete the goal of the role play, so although it never felt exactly natural, I decided to push forward and talk frankly about what the doctors had told the family. But as the words left my mouth, I was struck with the uncertainty of prognosis in general and the subsequent strangeness of my act of “revelation.” How could we

all be so certain that this woman would not leave the hospital? Recalling work on the poor state of prognostic science, and of the power of suggestion, the violence of my words hit me hard.²³ Yet I was unprepared for the strength of *my partner's* reaction. She completely refused to believe me. Anger and shock registered on her face, and I was left feeling powerless and tormented.

Thai people would understand

Later all of us pairs returned to the large group to review our role plays. There Haley confirmed the anger and shock she felt. She reflected that she would *not* believe such news coming from a layperson. Perhaps this was a function of her job as a nurse; nevertheless, she felt convinced that a medical professional necessarily be the one to break such news. Of course, not everyone agreed. Many seemed to indicate that they had had a successful, emotional revelation. But for Haley, the role of the family was to give encouragement (*hai kamlang chai* ให้กำลังใจ) or literally, “heart power,” not to discuss terminal prognoses and the prospects of death.²⁴

It is important to note that the participants were, on the whole, members of the middle class. They were, by and large, educated and urban, working either in the healthcare profession or some cosmopolitan venture. However, one woman stood out in this regard. June was “from the countryside.” She was a heavyset woman who wore simple clothes and sat back a bit from the group. She was there with her daughter, a young physician researcher named Pat. Pat had attended the top university in the country on scholarship and now worked in Bangkok. Pat had

²³ See MJ Good et al. 1994, Christakis 1999.

²⁴ She also admitted she could not believe she was dying because she felt she was a good person, that she had merit, and that such a fate could not be hers – echoing common reactions documented at the end of life in Thailand (see Stonington 2009).

invited her mother to attend the workshop to expose her to the mindfulness practices and contemplative gatherings that had become a fixture in her own life – and, of course, to help her prepare for a peaceful death.

June took it all in stride. She was quiet in the large group discussions, but sitting together at lunch she expressed her thoughts freely. She shared that she herself had been brought into the “modern ways” (presumably by her daughter) and would thus want to know her diagnosis and prognosis. But as for her fellow villagers, she thought that they would not. In her own role-play, June approached the subject by telling her partner about another friend who had had the same condition. She did not, however, mention that this “other friend” had died. When I asked how then the story would convey the news, she said simply, “Thai people would understand.”

Unfortunately, I did not have the opportunity to ask June’s partner whether she had understood the news from June’s story. Of course, it is hard not to imagine that, if what people say is true, a typical Thai could read the expressions on a close friend’s face and in their body language and understand grave concern and the like. Certainly “mind reading” through intuition and presumption is bound to lead to miscommunication; nevertheless, the exact “facts” are not exactly what is at stake. For one thing, the practice of *kamlang chai*, or encouragement, is of key importance. What then of authentic disclosure?

“Gamlang jai”: The experience of encouragement

When asked what one should do when visiting a sick person, an old person, a person close to death, the answer is nearly always the same across Thailand: give them encouragement

(*hai kamlang čhai* ใจกำลังใจ).²⁵ Although difficult to pin down exactly what actions are involved in such a task, giving “heart power” is often thought to involve shielding weak patients from hearing news that could shock them into an early demise. Instead, one must focus on the positive, tell them they are doing well, fulfill their desires, and keep their environment free from stress and strain.

Venturing to guess what it is like to experience *kamlang čhai* is a daunting task. But I can relate one window I had into such a state, again from a role-play situation at this particular workshop. In this scenario, I was given the role of a patient in the hospital. I was told I was feeling horribly and could sense my condition was worsening. What’s more, I was far from serene. All my worries and anxieties were focused on my two children, ages 8 and 12. I was concerned about their future, about who would care for them. Their father had to work long hours in a far away province and I feared they would be abandoned. To prepare for my role, I mimicked the physical stance I had witnessed in others close to death, I conjured up the physical exhaustion I myself have experienced in times of sickness, and I let my mind go off into worse-case scenarios about the lives of two children without a mother to care for them.

In came my partner. Her bright and cheery attitude was immediately off-putting to me, a bolt of energy completely antithetical to the internal experience I had cultivated. Although I answered her initial questions about my eating and my visitors, I felt my own expectations arise in a cloud of anger and confusion at what felt to me like a superficial conversation. I pushed

²⁵ There are comparisons to make here between the practices of care in Thailand and in Japan. See Traphagan 2004, Long 2005.

forward to confide my anxieties about my kids. She was overly eager to soothe in response. She did not seem to register my criticism that her words and demeanor were too fast, too much, that I wanted to be listened to. I found myself crying.

Her motions were fast. She was consoling and placating, but I did not find this comforting. Was this *kamlang čhai*? She said things like, “Don’t worry, your mom can take care of your children.” She was smiling a lot. Touching my hands. I was completely overwhelmed.

At some point, I began to feel that I had better tell her it was ok so that she would not feel bad, so that she would not think her actions were in vain, so that somehow we could amicably conclude the visit. I forced a smile; I told her she was right.

Remarkably, in that way, I did in fact begin to feel better. Was this the cycle of *kamlang čhai*? A “fake it ’til you make it” social norm?

Regardless of whether my personal experience – contrived as it was – can compare with that of a patient on their deathbed, it does suggest forms of mutual support that I witnessed between care-giver and care-receiver. Take Sriwan, the woman living out her days in her daughter’s home, with everyone around her shielding her from her diagnosis. Apart from questions of how much she “knew” about her condition, what about her moment-to-moment state? Engaged in light conversation with a neighbor, having her hair washed, or even listening to the array of religious tapes made available to her in arms reach of her bed: are these not a stockpile of positive inputs? (Her pain was well managed with medications, and the taped

spiritual programs were in large part aimed at dealing with physical discomfort.) Even if I did catch a glimpse of some eagerness to discuss her medical condition, am I to assume that this is ever-present, merely waiting for the right person to come by with whom to engage? Or might instead it be that I represented a certain relational space in that circumstance, my presence itself creating the conditions of that subjecthood?

A similar set of questions and possibilities arise from June's story, the woman "from the countryside" attending the "Approaching Death Peacefully" conference with her physician daughter. She considered coded language – telling a dying woman a story about another person in a similar situation, rather than directly recounting a terminal diagnosis – an appropriate approach to supporting someone at the end of life. Could it be that people are practiced enough in telegraphing needs and assessing the desires of others that providing an example such as she did can create the conditions for understanding? Or is this no longer feasible, as new medical technologies create drastically altered and unfamiliar conditions that no longer allow old forms of symbolic communication?

New forms, old patterns

There is clearly a confluence of forms occurring in this workshop space, as in the space of the palliative care training session discussed above. As has been discussed in the social science literature, new technologies create new communication needs (see, for example, MJ Good 1995); in turn, changing people's communication style in the face of medical advances is indeed part of the intention of these workshops and trainings. So too might we point out a set of influences in the entire "reflective" "contemplative education" project, again, of which this

workshop is a part. Again, the intention of this “confronting death peacefully” workshop is also supposedly to open a space for personal reflection. But I am not alone in my critique of this workshop’s heavy handedness in this regard, as if organizers are leading people to specific reflections. How are we to understand such a mix?

Although these groups seem to facilitate new conditions that defy the logic of psychosocial support I have laid out, they *are* relying on old patterns that are part and parcel of that logic. For instance, although the workshop might have similarities with any number of self-help type workshops in the United States, it takes place in a setting where participants are still brought up to intuit what is expected, and to provide accordingly. We cannot accept them at face value as a simple and unremarkable opportunity for people to share their “true” inner emotional states. Instead, they read more clearly as an attempt – one that is successful, at least in the moment, for the majority of participants – to create a space for a particular form of sharing and reflection. This pivots on expectations created within the group about what is desired by group facilitators, what constitutes “fitting in” in this particular setting, and so forth. Many questions remain, of course, regarding what will persist after that particular set of circumstances abates.

Thus there occur displays of emotion, but what does that indicate? “*Do ask, do tell*” – but what does that “telling” indicate about the subject, about their experience, about the social relationships that such telling engenders? And what can and will that mean for larger social practices?

Old forms, new patterns

Times change. Although it seems to be long held in the Thai context that expressing emotions is detrimental to serenity, in recent years, an opposite conceptualization seems to have arisen. As a result, old forms seem to have taken on new meanings – or at least new patterns in the social world. Some, quite “shocking.”

Ying and Aom, the sisters caring for their mother in the coma, were almost always in the same house, if not the same room. Such were the demands of care. But one day, Ying made a trip up north to visit her son and collect some of her belongings abandoned years before when her mother fell ill. It was a rare opportunity for me to talk with her sister Aom alone, and it seemed only natural that our conversation would turn to Ying. However, *what* she shared came as an utter surprise.

It felt a little mean spirited. And, in fact, Ying would later deny its truth. But it opened up for me a world of syndromes related to psychosocial communication that, according to health care professionals, have been prevalent in the Thai contexts for decades, though they seem to be disappearing in the contemporary age.

The story is as followed. Aom, as the oldest in the family, told me she knew she had to be very patient with her younger sister Ying – because if she was not, Ying would go into “shock.” Aom claimed it had happened twice; twice spurred on by their third sister, Kannikar, the one who had eventually moved away. As Aom described it, on both occasions the two sisters were arguing, with Aom in a mediating role. But when Kannikar harshly criticized Ying for being

lazy, Ying fell into a hysterical shock, which paralyzed her, bent her fingers stiff and kept her mute for upwards of two hours.

Talking soon thereafter with a trusted advisor, a Professor in the nursing school, I mentioned this “shock” syndrome that Aom had described and asked if she had ever seen such a thing. The answer: absolutely, many times. She thought it was a psychological condition – and she categorized it as an incompetence of sorts. Bringing to my mind Kleinman’s depictions of neurasthenia in China, she explained that, particularly in the past, “shock” was the only way certain people could express their emotion, their frustration, and so forth.²⁶ “It often occurs in people who have everyone around them always trying to please them,” she said, so that when things did not go their way, they could not take it and would physically shut down. She went on to say, “Thai people try to keep so many things inside,” casting this syndrome as a breaking point.

Later a psychiatrist and a psychiatric nurse would confirm the bulk of her explanation. They would cast it not as a Thai syndrome *per se*, but one common to less developed societies. That is, in these healthcare professionals’ evolutionarily tinged assessments, as societies develop more advanced forms of communication, such unsophisticated forms of suppression as manifested in this “shock syndrome” would be surpassed with more direct expression. Hence the alleged decrease in cases in Thailand today.

²⁶ From one perspective, this seems a version of classical conversion reaction, a form of dissociation; from another, there remains the possibility that political oppression undergirds or at least reinforces the emotional reticence shown in this context, thus suggesting something more akin to neurasthenia. (See Kleinman 1980.)

“Whether asked or not, it is best to tell,” so might the professionals say. But did this form of “shock” always represent for people the negative effects of “holding things in”? From Aom’s description, and Ying’s denial, it is unclear if this is even how lay people consider the “condition” at all; though everyone agrees it was shown on popular television soap operas much more frequently in the past. It indeed remains a dramatic rendering, whatever meanings it holds.

Holding the form, “playing” by (and with) the rules

Of course, people find ways to subvert constraints on expression in both the personal and the political realms. Thus you indeed have what the anthropologist Michael Herzfeld (2005) calls “social poetics” at play – where people communicate multiple meanings even through actions that on the surface follow social norms and dictates to a T.²⁷ To be sure, Thais are adept at word play and hidden meanings in every realm – certainly, intuiting the needs of others seems to require some skill in this regard. But then what of “don’t ask, don’t tell”? Should we necessarily see veiled expression in silences, nuances in what people *do* ask and *do* tell, and so forth? And by doing so, by forcing that reading, would we not shut down the possibility that there are in fact different interpersonal and perhaps even phenomenological experiences here?

While there certainly is a lot happening in interactions, based on my work – observing how people interacted and handled stressful caregiving situations – there does indeed seem a particular pattern of psychosocial support at work. But rather than substance, *form* was most

²⁷ As Herzfeld explains, “Social poetics can be precisely defined as the analysis of essentialism in everyday life,” and goes on to explain how “The essentializing strategies of state legislators and ordinary citizens alike depend on a semiotic illusion: by making sure that all the outward signs of identity are as consistent as possible, they literally create, or constitute, homogeneity” (Herzfeld 2005, 32). Ironic plays on words and gestures then allow for continual reconstitution of the ordinary (198).

crucial; perhaps we can even say that “holding the form” (generally of placidity, replacement, or distraction – but also at times in new forms of emotional sharing) plays the most vital role in psychosocial here. In turn, the forms themselves may be key to the co-creation of internal experiences as well.

Throughout, I have tried to draw attention to some attempts to change norms – to create spaces in which people share in novel emotional ways, in new forms. Returning now to the theme of the previous chapter, I want to highlight the correspondences between these attempts to change norms of psychosocial support and those traced through the government channels and other civil society efforts in regards to volunteerism. Volunteers are being put in a position to interact with and support others, particularly older people, in new ways. As Thai programs adopt the standards of “lay health advisor” models currently in circulation, “care for the caregiver” is often a stated aim, with psychological support a prime strategy.²⁸ Given the logic of psychosocial support presented here, what can we expect in such relationships?

Advances in biomedical sciences have undeniably contributed to epidemiological transitions. The “crisis” of aging societies is due, in part, to health science technologies that help people live longer lives. The changed demographic balance of society also brings new family and social scenarios, novel and unfamiliar contexts in which decisions are made about the use of technology to prolong life in ways previously unimaginable and in which the introduction of certain therapies can greatly change the course of one’s dependence. Can people rely on traditional modes of communication to navigate these changed variables?

²⁸ See Earp et al. 1997 for an overview of the lay health advisor model.

The answer, for groups like those running the palliative care communication trainings and the “Confronting Death Peacefully” workshops, is, resoundingly, no. How do you, though, promote a change in people’s patterns of psychosocial support?

A social world in which people always “look out for the needs of others” is not without its treacherous points. People are constantly assessing one another, trying to understand whether or not they require (or deserve) their attention, and so forth. Markus and Kitayama make a related point when they emphasize that an interdependent self-construal does not mean that you are concerned with everyone equally – but that, in fact, one’s “in-group” gets priority. Hence the danger of gossip. People knowing things that put you in a poor light could influence how you are perceived as doing and needing. In turn, a host of negative effects could arise from such social surroundings, both internally and externally.

The central claim of this dissertation is that there are discernable lineages to assumptions about, and practices of, care. Thus in order to understand (or promote, for that matter) changes in care practice, we must unearth the roots of traditions both old and new. The common sense of interpersonal support presented in this chapter provides an important vantage point for understanding the particulars of care in this context. But it is not enough. To understand whether we are witnessing the creation of new norms and traditions, whether in volunteerism or in basic caregiving practice in general, we need to further unpack the emergent puzzle of care, culture, and subjectivity.

Here I have opened a space to examine the lived experience of psychosocial support. Admittedly, the phenomenological here is elusive: how can anyone understand the experience of another? But ethnographic inquiry provides some indications, some space for imagining, bolstered by foundational studies in psychological anthropology and cultural psychology alike. Yet we only scratch the surface of the political elements here, and the larger scale social dynamics animating these relationships. Thai society is largely organized around principles of hierarchy rather than egalitarianism. What has been referred to as the “genius of Thai society” stems from predetermined social roles and set patterns of engagement, in which only certain people can and should be in a position of privilege. How do these pieces fit with or get rearranged by new ideas? New ideas, not the least of which come in the form of healthcare reform efforts and development initiatives.

In the following chapter, I take a closer look at a broader set of social relations as I continue to untie the knots of influences on “care” – at the bedside and beyond.

Chapter 4. Perceiving the Social Body:

A “Practical” Phenomenology for Care in Larger Context

AN INTRODUCTION TO THE SOCIAL BODY

In the previous chapter, I began to show how modes and means of psychosocial support are infused with religious, state, and class-based ideology. In this chapter, I take this a step further. By examining more diffuse social relations, I suggest that “caring” is fundamental to a Thai *habitus*, that “providing for others” is a foundational component of social life. Thus this chapter excavates the basis for relations beyond the spaces that are more commonly associated with “caregiving” – in the clinic, at the bedside, in the home – to suggest parallel practices of care in dyadic and group interactions.

Conference as starting context

Conference settings are a natural place to begin a discussion of standard social relations. As Erving Goffman characterized them, week-long conferences are “the interactional mastodons that push to the limit what can be called a social occasion” (Goffman 1967, 1) and offer a fishbowl in which to observe some of the rules of engagement in a given social group. On the surface, proceedings may look fairly universal: whether staged in large banquet halls and auditoriums or more intimate conference rooms and classrooms, recognizable formats appear. Panelists may take their seats facing the audience, a speaker might stand at a podium, a PowerPoint slideshow might occasionally appear on a wall or screen. Experts gather in these spaces to share the latest information on the topic at hand, often with short presentations followed by questions or discussion among the group.

In the Thai context, an extra air of formality may be detected. For instance, a certain exacting attention to detail might be apparent, with speaker name cards neatly scripted and placed on starched linen-covered tables here, a special area designated for VIPs to take their meals (complete with ornately carved fruit or at least the choicest selection of dishes) there.¹ One might notice how participants bow when entering or leaving the meeting space.² A scurry of young people might slide in and out of rooms, bent at the waist so as never to rise above anyone's head, ensuring all equipment is functioning or everyone important has water and knows the exact order of events to come.

All of this was apparent in February 2009 at a moderately sized, three-day meeting on end-of-life care at a major hospital in Bangkok. Thai hospital staff interested in or currently involved with palliative care efforts there joined with doctors, nurses, and social workers from Canada considered to be “experts” in end-of-life issues.

The event was arranged by a group of Thai nationals, all doctors, who had been living in the United States for decades. With Thailand seemingly frozen in time in their minds, these accomplished men wanted to “give back” to their homeland (raising their own status in Thai society in the process) by “bringing” palliative care to the Thais. Their vision: the creation of a “center for excellence” in palliative and end-of-life care that could become a model and a

¹ Such ornate *accoutrements* are admittedly the flourishes of “high-end” conferences only. Nevertheless, even grassroots community meetings will have parallel VIP structures; that is, leaders will be placed at a separate table, and even in a fan-cooled community hall, the senior (whether by age or other distinction) people in the room will be taken care of with distinction.

² This bow will be discussed at length below.

resource for the country at large. Hence the import of leading North American figures, there to help set the stage and provide what they presumed to be the necessary training.

It struck me that nothing much had been said to this group about the decade-long palliative care movement underway in Thailand or the center for excellence in end-of-life care already established in the southern province of Songkla, or even the host institution's own experience with a long-standing palliative care service. But, in fact, the silence on this front was somehow not surprising. Thai experience with state-of-the-art palliative care would have been contradictory to the assumptions and intentions of the organizers. In this way, the overall conduct of the meeting speaks to issues I hope to raise in this chapter regarding social interactions in group settings.

One incident in particular best introduces the puzzle at hand. A senior Thai practitioner, Dr. Itsara – who had until quite recently been a monk, had spent a great deal of time abroad, and was at the time angling for either a government health minister position or a platform in the world of palliative care to launch his political aspirations – was speaking to the Canadian panel, explaining “Thai culture.” He had everyone's attention as he explained to the foreigners how it was crucial to understand that Thais have no concept of self-esteem. Therefore, palliative care protocols would need to be tailored accordingly in order to be implemented effectively. The members of the panel were intrigued, and their eyes flashed with possibilities for cultural dialogue as they scribbled down notes.

The panel was unaware, however, that sitting directly behind Dr. Itsara was a middle-aged female nurse who had in fact written her doctoral dissertation on the very concept of self-esteem that Dr. Itsara was claiming did not exist for Thais. Several people in the audience knew this, but no one raised a single point of contention – then or at any point in the proceedings thereafter.

I later asked this researcher what she had thought of Dr. Itsara’s comments regarding self-esteem in Thailand. Echoing what I had heard from others, she admitted she thought many of his ideas were extreme, and said something about how people would not be able to work effectively if such notions were taken up in too radical a manner. But again, neither she nor anyone else openly disagreed or shared an alternative view in the conference. How can we make sense of such a situation?

Social relations in need of a conceptual toolkit

The undercurrent in the story above could have been presented in many forms. What we see in such instances is a mode of indirectness and a glossing over of tensions for the maintenance of surface harmony, a way of behaving in public and semi-private arenas that de-emphasizes the individual as such and continually re-inscribes hierarchical positions between people. Scholars have grappled with such aspects of Thai social relations for decades. Some have attempted to make sense of these social characteristics in terms of “face” and related concepts.³ Yet even in the most rigorous linguistic and sociological studies, the concept of “face” falls short, as will be discussed below. Thus in this chapter, as I draw attention to these perplexing

³ See, for examples, Suntaree Komin 1990, Mulder 2000, Phillips 1965, Persons 2008.

dynamics, I offer a new way of conceptualizing the social space in order better to understand typical interactions therein. Specifically, I want to suggest that Thai social interactions involve active attention to and care of the “social body.” In turn, the power-infused habituated patterns of action described will raise a series of questions regarding the practice and experience of caregiving for dependent elderly as provided by health professionals, by volunteers, and by family members.

This chapter is focused on articulating my use of the term “social body.” I will first relate the history of this term in medical anthropology in particular, as well as the social sciences more generally. This will help make clear that I use the term both metaphorically and phenomenologically. I am here mapping the symbolic coordinates of underlying conceptions of individual bodies, as well as the habitual components of *perceiving* as a part of a collective. Both aspects should be understood as constructed, though I leave the bulk of the historical and political analysis of such frames of reference to subsequent chapters. In essence, I am developing a phenomenological understanding of care that traces how social and political structures get embodied in practices of engaging with others.

In the pages that follow, I will provide several ethnographic examples to help “flesh out” inter-subjective relations in Thailand. Pierre Bourdieu’s work provides overall support to the issue at hand: the dynamic interplay between habitus and field relates to my double use of “social body,” as I alternate between subjective and objective perspectives. Maurice Merleau-Ponty and Francisco Varela provide a theoretical framework for the nature of perception to support my interpretations of Bourdieu’s terms and of the ethnographic material presented.

William Goode and David Graeber then help incorporate hierarchy and class into the analysis. I conclude with the implications of the values – “group harmony” and social cohesion top among them – that are most salient to the fragments of social life I depict, as a prelude to the discussion of theodicy and structural violence in the next chapter.

In essence, I primarily conceive of the “social body” not in terms of the representational uses of bodies in the social world, but rather as an actual living organism of which everyone is a part. What then is “group harmony” here and how is it maintained?⁴ If, as a prelude to the argument that follows, we preliminarily consider that “health” is to an individual body what “group harmony” is to the social body, then the answer to such a question begins to present itself. All the organs must be functioning; all systems must be operative and working in an integrated fashion with all other parts. The kidneys cannot be expected or attempt to do the work of the liver, for example; cells cannot reproduce at too fast a rate; and so forth. But I argue it is not enough to stay at the metaphorical level with such terms – for it is in momentary maneuvers and perceptual patterns that we can begin to trace the import of the “social body” as a conceptual tool. The Thai social body, generally speaking, comprises various parts, all of which have their place based on the rules of social hierarchy. Only certain individuals can act as the “face” of that body, directing its movement, at any given time. The “attention to” this collective requires the active surmising of these various roles and one’s own place in the group, a set of perceptions engaged whenever multiple people are gathered together; the “care of” this body then occurs in the maintenance of harmonious relations and the demure following of the direction provided by

⁴ It should be noted that “group harmony” here refers to the value emergent, and promoted, in these Thai contexts – not a reference to a Durkheimian vision of harmonious societies. A tension should be palpable throughout this chapter, as “harmony” is policed as much as it is spontaneously practiced in this generalized Thai context.

whoever is in the lead at any given moment (regardless of what may happen at a future point in time). In this way, a nurse notes her place in a conference setting and remains silent. It is the intention of this chapter to begin to make sense of how and why that occurs.

In the context of the larger themes of the dissertation, this aspect of Thai society and social relations has great import for the way policy is created and implemented, as well as the various ways social support is sought and governed at the community level. It has bearing on the functioning of volunteer programs, and works hand-in-glove with the logic of psychosocial support described in Chapter 3. And it provides a framework for understanding the political unrest that has uprooted the country since as early as 2006, and what is at stake for elites as well as the poor in these struggles that have led to bloody protests on the streets of Bangkok and elsewhere (as will be discussed in Chapter 5). Thus, to understand the changes afoot in an “aging” Thailand, one must take into consideration the social body and the care people show it – and further, to adequately understand care shown to individuals and the systems developed to support such care, you must understand the types of actions that comprise care at the interpersonal as well as community and institutional levels.

The social body: the basic contours

In 1987, Scheper-Hughes and Lock issued a challenge to medical anthropologists to examine “the body” more critically in their work. As they argued, “Conceptions of the body are central not only to substantive work in medical anthropology, but also to the philosophical underpinnings of the entire discipline of anthropology, where Western assumptions about the mind and body, the individual and society, affect both theoretical view points and research

paradigms” (6). They then outlined three different types of bodies relevant for the social sciences, namely the individual body, the social body, and the body politic. The first, the individual body, is taken in terms of personal experience in one’s body; the second, the social body, involves the metaphoric and symbolic usage of “the body” in a society; and third, the body politic, opens investigation of social and political control as performed and justified in a given context. As they summarize, “the ‘three bodies’ represent...not only three separate and overlapping units of analysis, but also three different theoretical approaches and epistemologies: phenomenology (individual body, the lived self), structuralism and symbolism (the social body), and poststructuralism (the body politic)” (8).

Scheper-Hughes and Lock’s call was an important articulation of past and potential research agendas, though it was but one moment in a long history of attention to bodies in this regard. In terms of the social body, Charles Leslie, Cecil Helman, Allan Young, Mark Nichter, Lawrence Cohen, Anne Becker, Terence Turner, and Veena Das⁵ punctuate the list of medical anthropologists who have worked with the term in various ways to understand conceptual models of health and illness and society at large, as well as the interaction between individuals and the communities to which they belong. The medical sociologist Bryan Turner also explored the idea of the social body, drawing from the tradition of social theory (1992 and 2008). Perhaps most relevantly, Emily Martin, working as an anthropologist of science and medicine, has also made important contributions to the understanding of the body in multiple registers. In *The*

⁵ The term “social body” is often used in anthropology and sociology, though not always as a specific concept but rather as a provocative turn of phrase. Crossley, as an example, titles his manuscript with the social body, and even uses Merleau-Ponty and Bordieu in the text, but in fact does not actually develop the term “social body” as a concept in the book; a similar trend is found in Frensdorff’s collection, *Health, illness, and the social body*. See also: Becker 1995, Cohen 1998, Das 2001, Helman 1991, Nichter and Nichter 1996, T. Turner 1995.

Woman in the Body (1987), Emily Martin describes prevailing medical metaphors for the functioning of women's bodies, focusing on "metaphors of economy and alienation," and tracing the ramifications of understanding bodies as mechanical factories in women's lived experience. More recently, in *Flexible Bodies* (1995), Martin asserts that the dominant metaphor of the immune system as an army is changing, and outlines how emergent notions of immunity as a constantly changing "field" lead to differing valuation of bodies depending on how "flexible" they are.⁶

Although the term "social body" is not new, I hope to push its use beyond the symbolic. So while there are some important representational components to bring to the fore here, ultimately my goal is to expand the bounds of the phenomenological to include interpersonal and collective elements at the root of lived experience. And again, as will be explored in a subsequent chapter, this renegotiation of the "three bodies" has major ramifications for understanding at the poststructuralist level – particularly in the analysis of recent political mobilizations.

To be clear, I am not arguing for radical alterity in terms of conceptions of the self. Scheper-Hughes and Lock go into such examples, drawing on work from psychological anthropologists to make claims about "sociocentric conceptions of the self" or societies in which "the individual [is] comprised of a multiplicity of selves" (Scheper-Hughes and Lock 1987, 15). As discussed in Chapter 3, the debates from cross-cultural psychiatry and psychological anthropology on the nature of the self have been surpassed in recent years by developments in

⁶ Importantly, Martin's work underscores not only how conceptualizations of the body are constructed, but also ever changing.

studies of subjectivity, with greater attention to the historical and political influences on thought and action. In essence, as I rehearse both the symbolic and phenomenological aspects of the social body in a generalized urban Thai context, I hope continually to remind the reader that the ways in which people (myself included) perceive the “natural” world is in fact governed continually by “self-imposed cultural rules” (*ibid.*, 22). My intention is to unearth some of those habits, broadly construed for the Thai context however possible, as a guide for understanding the experience of others as well as for bringing to light some unexamined assumptions of scholastic inquiry.

Bourdieu’s overarching understanding of reflexive sociology provides a roadmap here for my impulse to outline the “rules of the game,” if you will, with the understanding that these rules are not fixed.⁷ As Loic Wacquant explains, “the unsettling character of Bourdieu’s enterprise stems from its persistent attempt to straddle some of the deep-seated antinomies that rend social science asunder, including the seemingly irresolvable antagonism between subjectivist and objectivist modes of knowledge, the separation of the analysis of the symbolic from that of materiality, and the continued divorce of theory from research” (Bourdieu and Wacquant 1992, 3). So as we produce models for understanding social interactions, practice theory urges that we “recognize that the consciousness and interpretations of agents are an essential component of the full reality of the social world” (*ibid.*, 9).⁸ Although I am not caught up in the debates with certain forms of structuralism that provide such a powerful foil for Bourdieu, I can nevertheless

⁷ The “deep structure” to which Bourdieu attends is not invariant, as with Chomsky and the like, but rather is “historically constituted, institutionally grounded, and thus socially variable, generative matrix” (Bourdieu and Wacquant 1992, 19).

⁸ To be clear, the social body does not spring from Thai “organic intellectuals,” but is a tool I offer to aid analysis.

agree with him about the “*primacy of relations*” in social analysis. The idea of the social body attempts to adopt this straddling position, for the term itself serves simultaneously as a metaphorical model and a mode of perception. As my terms run up against political projects that actively attempt to create definable boundaries to “Thai-ness,” and to promote as well as police “harmony” and “social unity,” another series of questions emerge; however, my first order of business in this chapter is to capture the primacy of relations as they emerge in lived experience.

Thus Bourdieu’s concepts of *habitus* and *field* as “*designated bundles of relations*” provide a useful orientation for the pages that follow:

A field consists of a set of objective, historical relations between positions anchored in certain forms of power (or capital), while habitus consists of a set of historical relations “deposited” within individual bodies in the form of mental and corporeal schemata of *perception, appreciation, and action*. (Bourdieu and Wacquant 1992, 16, emphasis added).

For lack of a more specified position, I am speaking of a general field of public and semi-private interactions in urban Thailand.⁹ In later sections of this chapter, I will discuss class and hierarchy as key coordinates in this general field. Indeed, these coordinates are clearly present in all of the chapter’s ethnographic vignettes, integral as they are to social life here; nevertheless, for organization’s sake, I begin in the next section with a focus on “perception, appreciation, and action” in a more general sense, to understand ways of attending to the social body. These

⁹ As the work as a whole should make clear, a field in this sense “is not a dead structure, a set of ‘empty places,’ as in Althusserian Marxism, but a *space of play* which exists as such only to the extent that players enter into it who believe in and actively pursue the prizes it offers” (Bourdieu and Wacquant 1992, 19). Struggle certainly is possible, and an overarching goal of this dissertation is to describe some contemporary attempts to change social dynamics. As Wacquant describes: “In the course of these struggles, the very shape and divisions of the field become a central stake, because to alter the distribution and relative weight of forms of capital is tantamount to modifying the structure of the field. This gives any field a historical dynamism and malleability that avoids the inflexible determinism of classical structuralism” (*ibid.*, 18). See Chapters 2, 5, and Conclusion.

gestures toward the phenomenological do suggest a logic, though it is admittedly the “fuzzy” logic of practice theory: “As a generative spontaneity which asserts itself in the improvised confrontation with endlessly renewed situations, it follows a *practical logic*, that of the fuzzy, the more-or-less, which defines the ordinary relation to the world” (Bourdieu and Wacquant 1992, 22).

“Khwan”: the life force of the body

Before delving into the phenomenological aspects of the social body, a brief orientation to the individual body as a source of metaphor and experience will be helpful. As Scheper-Hughes and Lock attest, symbolic and structuralist anthropologists have long been interested in the use of the body as a symbol. The body is indeed a wellspring for common metaphors that express both worldly and other-worldly relationships, and, as many authors contend, “cultural constructions of and about the body are useful in sustaining particular views of society and social relations” (Scheper-Hughes and Lock 1987, 18). In the case at hand, it soon becomes apparent that body metaphors, to be appropriate to local sensibilities, must account for both the physical and spiritual nature of bodies, as understood in this context.

Particularly relevant to this discussion are the “symbolic equations between conceptions of the healthy body and the healthy society, as well as the diseased body and the malfunctioning society” (Scheper-Hughes and Lock 1987, 20). Shigeharu Tanabe makes clear that, in the Northern Thai context, such equations will always include the *khwan* (ขวิญ)¹⁰:

¹⁰ I am grateful to Wirun Limsawart for drawing my attention to the *khwan* in this regard.

In the Chiangmai area, *khwan* as a popular notion refers to the collective soul entity believed to be firmly located within the person's body. The firm unity of the soul entity and body provides health, while the drifting away of soul from body that could occur upon intrusion of external power, or through interference from other influential forces, can result in ill-health or even death. It is this idea of the unity of soul and body which forms the basis of the stability of the equilibrium and its breakdown in association with external forces. (Tanabe 1991, 186)¹¹

Khwan can be understood as the “life force” of individuals as well as communities (such as in the term *khwanmuāng* ขวัญเมือง, or the spirit of the city).¹² There are ceremonies and rituals for “calling back” *khwan* into individual bodies as well as into ailing villages (see Tanabe 187). Interestingly, there seems to be some indication that individuals can serve as the embodiment of *khwan* for collectives. Certainly the King as *dhammaraj* could be understood as the guiding spirit for of the society as a whole. As Robert Heine-Geldern attests in his classic text, “Conceptions of State and Kingship in Southeast Asia,” Buddhist Kings of Southeast Asia traditionally took up the central place in the symbolic architecture of the cosmos and served as ruler “by the magic of parallelism” (Heine-Geldern 1956, 10).¹³ In a related fashion, one might

¹¹ In defining *khwan* as “soul” or “spirit,” Tanabe may be unnecessarily reproducing a Cartesian duality or even a Christian sensibility that may or may not be appropriate to this Thai concept. I do not want to enter into such a debate, so in a somewhat tricky way, I attempt to use Tanabe in ways that do not highlight such divisive issues. It should be noted that the Royal Thai Institute's 1982 definition does indeed liken the *khwan* to the spirit, particularly with examples that it can be frightened out of one's body.

¹² This is one of several meanings for the word *khwan*, including fortune, encouragement, or the whorl of hair on top of the head (the latter which in fact relates to the “soul” residing in the top of one's head). Though all definitions are related, the *khwan* in question is translated as “spirit” or “morale” in the Domnern Sathienpong Thai-English Dictionary, 3rd Edition.

¹³ Mount Meru is the celestial mountain at the center of the Buddhist cosmos. The Palace can be rendered a parallel to this mountain for the Kingdom, the King then the “Indra” or god or angel of protection and leadership. See text for technicalities between Mahayana and Hinayana interpretations that go beyond the scope of this short mention.

conceptualize leaders taking on a similar role – and as I develop the concept of the social body, I will bring this notion of leadership to bear in relation to ideas of face and issues of hierarchy.¹⁴

Disturbances to internal equilibrium can lead to the flight of *khwan* and the loss of health and even life. Tanabe mentions that karma (*kam*) and destiny (*chata*) are also potential threats to the internal equilibrium that defines good health, but claims that “compared with *kam* and *chata*, spirit [*khwan*] brings about more direct and specified effects on the equilibrium to be sustained both in the soul body unity and social relations” (Tanabe 1991, 187). Tanabe is clear, though, that *khwan* is not merely a philosophical axiom but rather is central to daily existence in an immediate manner. Thus he claims, “the power of the spirit is, as Anderson suggested in the case of Java, not a theoretical and abstract postulate, but concrete existential reality (Anderson 1972:7)” (*ibid.*).¹⁵

¹⁴ Leadership of the collective parallels the “I” of an individual, though as I hope to make clear in a brief discussion of cognitive science below, I am conceiving of bodies on all levels essentially as “self-less selves.” That is, no central processing unit is necessary – though well worn paths constructed through experience develop into perceptions of naturalized units of control.

¹⁵ It is difficult to imagine what this understanding of reality really is like – and furthermore, it is hard not to fear a return to romantic or colonialist renderings of “the other” in trying to make these points. Perhaps these spiritual understandings/beliefs are in fact the most intimate aspects of life in a way, as they guide people’s actions. Of course, these days many of these ideas (*khwan* as well as *kam* and the like) become legible as superstition and, as related in chapters 2 and 3, people struggle against outdated modes of thought as they seek to embrace the most sophisticated and scientifically grounded understandings of the world. Thus, depicting one’s understanding of spiritual matters risks not only placing yourself in a “lesser” position in the “global hierarchy of value,” so to speak, but doing so also is akin to bearing one’s level of religious understanding for all to judge. I say this is intimate because of how people shared about such topics with me. Several times, people confided in me “things they had never shared with anyone.” But this did not arise with the sharing of feelings or displays of grief or other perhaps commonly conceived intimate moments. Rather, it occurred most frequently when describing what they saw during a meditation or which Buddhist icons had spoken to them. So to be honest, I feel out on a limb here, and I honestly do not mean to put my informants in another tense (ala Fabian 1983, and, more recently, Povinelli 2011) – though I am trying to parse out conceptions that seem to loom in the background of things, even when “modern” folks actively strive against such renderings.

As Scheper-Hughes and Lock attest, “we could multiply by the dozens ethnographic illustrations of the symbolic uses of the human body in classifying and ‘humanizing’ natural phenomena, human artifacts, animals, and topography” (21); an equally compelling task is to try to locate the perceptions that undergird these classifications, the manner of forming relationships between bodies so conceived, and the values those relationships hold. The above representational parameters of the body help make clear that, at the ideological level, a) harmonious equilibrium¹⁶ is key to the conception of health and well-being of individuals as well as collectives, and b) the body cannot be understood solely in *physical* terms. How then do people sense (not just make sense of) the collectives in which they take part? And what analytical purchase does the concept of the “social body” bring to discussion of social interactions in various Thai contexts?

PART I. PERCEPTIONS, APPRECIATIONS, AND ACTIONS

Sensing shared space

The following took place in a small meeting at a major research university in Bangkok. The group gathered for the purpose of setting a university-wide agenda for an innovative approach to learning. Key participants took their places at a long oval table, with several observers (students of one form or another, myself included) sitting at a table off to the side. It was lunch hour, and boxed lunches were served on trays with proper silverware and napkins.

The University Rector, Professor Prasert*, arrived a bit late, and he took his seat at one end of the central table. At the other end was Professor Apirak*, a Vice Dean and the Director of the program on tap to be scaled-up at the university level. These two professors were long time

¹⁶ Despite possible drawbacks, I will use equilibrium, harmony, and cohesion as synonyms throughout.

colleagues and peers, though now that Professor Prasert was rector, he was the most senior person at the table. Their status was marked when the food arrived: the attendants familiar with Apirak brought him lunch first; he bowed and insisted they serve Prasert before him; Prasert then deferred, in yet another demonstration of courtesy, claiming he was en route to another lunch meeting and would not be eating; and finally, the helpers retraced their steps to return the meal to Apirak.

Third in rank was Professor Verde*, a senior female faculty member and former revolutionary student leader from the 1970s. With a great deal of management experience, she was soon to become a key player in the meeting from her seat in the middle of the table. Others would play less prominent roles, as they were all younger faculty members or only distantly connected to the matters at hand.

Prasert's role as the visionary, business-type leader was soon apparent, as he showered praise on Apirak's presentation, and peppered his speech with abbreviations and catch phrases like, "think big but start small." Verde joined the discussion in an advisory capacity. Her comments suggested she had spent time in the United States, as she brought up an example from Stanford University as a model for the approach they might take. Apirak maintained a measured presence, and once Prasert excused himself from the proceedings, he took the helm as the undisputed leader of the meeting.

Soon after Prasert departed, something sparked a conflict. That is, something sparked a "Thai-style" conflict. There was no open dispute, and it arose so subtly that I missed the exact

moment of disagreement. But suddenly, Prasert and Verde were locked in a barely perceptible argument – at least, barely perceptible to me – over implementation strategy. As they went back and forth, they would begin with some phrase to soften the blow of their words: a “Permit me to speak frankly” here, an “Excuse me” there. The sparring continued until Apirak was in fact interrupting Verde. And as Verde talked about competing time commitments, Apirak averted his gaze, with a hint of glaze coming over his eyes.

The tension was high, though you would miss it if you were looking for the sort of tension found in open disagreement, raised voices, or the thrown limbs of annoyance or disgust. Yet the discomfort registered around the room. People looked away, brushed crumbs from the table, cleared their plates. The woman next to me, another observer, was a case in point. As Apirak and Verde continued back and forth, she neatly packed her things and gathered her dishes, nearly quaking with uneasiness. In an exasperated voice, she whispered to me that she hated such an environment, and with that, she rose, quietly bowed, and rushed off.

Finally, another senior faculty member who had been silent through the proceedings stepped in to defuse the situation. He reminded everyone that this type of engagement would not make things better, and both parties gave him their attention in agreement. Eye contact resumed and they made a plan for a three-day workshop to discuss the issue further in the near future.

I later debriefed with this “peacemaker.” He thought Verde was in fact playing the scapegoat for what was actually Apirak’s anger toward his own staff for not doing more to help the program dissemination get going. If such an interpretation is correct, the concept of “face”

provides much traction to make sense of such a scene. Indeed, “face” has been used for decades to describe the internal and external motivations guiding individuals to follow socially sanctioned modes of behavior (see Hu 1944 on the Chinese concept of face, as well as Erving Goffman’s 1955 universal definition as early examples; a more contemporary discussion of face and its uses will follow in a subsequent section). The demure behavior of the combatants followed the rules of polite social interaction, and each worked actively to protect the “face” of the other, even as Verde more or less sacrificed her own face for Apirak’s staff. But why were the other participants so visibly uncomfortable with the situation? Why was the woman next to me unable to bear witness to the interchange?

The embodied I

To answer such a question, I propose taking a moment to clarify the basic roots of my assumptions about perception and being in the world. I draw on classic phenomenology as well as contemporary tracts from cognitive science to prime my reader for the importance of culturally contingent values – that is, I am in some ways recreating Arthur Kleinman’s contention that local moral worlds are of utmost importance for understanding lived experience, though here I am trying to gain greater clarity on the link between values and sensory perception itself in those local worlds. If, as I will ultimately claim, people can value cohesion in their groups just as they cherish the healthy functioning of their own bodies, how do they become attuned to that larger social body?

So to begin, I agree with Merleau-Ponty in the centrality of the body at the individual level. As the great phenomenologist stated it: “The perceiving mind is an incarnated mind.”

Thus, “We never cease living in the world of perception, but we go beyond it in critical thought – almost to the point of forgetting the contribution of perception to our idea of truth” (quoted in Baldwin 2004, 34). Somehow, we have to get a handle on how our bodily movements then can be associated with, and perhaps even provide a window onto, both our immediate perceptions and our critical concepts. I will ultimately make this link via habits, which requires the following interlude.

Movement itself is central to embodiment. As Merleau-Ponty wrote in *The Phenomenology of Perception*, “The acquisition of a habit is indeed the grasping of a significance, but it is the motor grasping of a motor significance” (quoted in Hammington 2004, 56). The import of this statement is amplified in recent studies of functional neural systems, exemplified by the “enactive approach” of the late Francisco Varela. Varela sets his moves apart from the computationalist tradition in cognitive science, which understands the world as pre-given and therefore formulates cognition as an information-processing problem. Instead, Varela asserts, “the world is not something that is given to us but something we engage in by moving, touching, breathing, and eating” (Varela 1999, 8). His argument thus has clear points of agreement with Berger and Luckmann’s theory of the social construction of reality (1966), though his emphasis is on substantiating his claims on the neuronal level:

According to the enactive approach...the point of departure for understanding perception is the study of how the perceiver guides his actions in local situations. Since these local situations constantly change as a result of the perceiver’s activity, the reference point for understanding perception is no longer a pre-given, perceiver-independent world, but rather the sensorimotor structure of the cognitive agent, the way in which the nervous system links sensory and motor surfaces. It is this structure – the manner in which the perceiver is embodied – and not some pre-given world, that determines how the

perceiver can act and be modulated by environmental events. (Varela 1999, 12-13).¹⁷

In essence, what “counts” as relevant in the world depends on the perceiver. More precisely, it is one’s *movement* through space that generates the differences that become observable, *movement* that allows figures to stand out against the ground, *movement* that generates meaningful perception. At root, I am arguing that the societal conditioning of habitual patterns – as constitutive of a field, as Bourdieu called it, and as embodied and reinforced via habitus – draws forth differentiable modes of perceiving the world in general, and, for the purposes of this chapter, distinct ways of sensing social relations in particular.

But it is not just the individual’s perceptions of the group that are relevant in this material; extrapolation to the nature of the social body is also possible. In particular, the lack of a central processing unit for this perceptual activity is key. Varela postulates that “cognitive structures *emerge* from recurrent patterns of sensorimotor activity” (Varela 1999, 16, based on studies of self-organizing sensorimotor processes¹⁸) – underscoring that “experience both makes possible and constrains conceptual understanding across a multitude of cognitive domains”

¹⁷ I hate to admit this, but if structuralism were rooted in such an understanding of co-emergent structure, I might be more sympathetic. So here again I am standing with Bourdieu, looking for some way to see the dynamism between field and habitus.

¹⁸ “The architecture of the brain supports a different kind of operation: signals move ‘back and forth’ gradually becoming more coherent until a microworld has been constituted” (Varela 1999, 48). Furthermore, referring to the pattern of breakdowns and oscillations found in these operations, he writes: On the basis of this dynamic one neuronal ensemble (one cognitive subnetwork) finally prevails to become *the behavioral mode for the next cognitive moment, a microworld*. When I say “prevails,” I do not mean to say that this is a process of optimization; it resembles more a bifurcation in a chaotic dynamic. It follows that such a cradle of autonomous action is forever lost to lived experience, since by definition, we can only inhabit a microidentity when it is already present, and not when it is in gestation. In other words, in the breakdown before the next microworld shows up, there are a myriad of possibilities available until, out of the constraints of the situation and the recurrence of history, a single one is selected. This fast dynamic is the neutral correlate of the autonomous constitution of a cognitive agent at a given present moment of its life” (*ibid.*, 51-52).

(*ibid.*). Again, there is no central processing unit. Akin to an anarchist vision of leadership via consensus, Varela is talking about self-organizing systems with “emergent properties in distributed network processes” – leading one to understand that the “I” is, essentially, a virtual one. Here Varela claims “*strong* metaphors, nay, exemplars, for what is a selfless self: a coherent whole that is nowhere to be found and *yet* can provide an occasion for the coordinated activity of neural ensembles” (*ibid.*, 60). The social body, as I am deploying it, is based in part on these metaphors:

The selfless “I” is a bridge between the corporeal body which is common to all beings with nervous systems and the social dynamics in which humans live. My “I” is neither a private nor a public alone, but partakes of both. And so do the kinds of narratives that go with it, such as values, habits, and preferences. (Varela 1999, 62).

Scheper-Hughes and Lock note that “The concept in Western philosophical traditions of an observing and reflexive ‘I,’ a mindful self that stands outside the body and apart from nature, is another heritage of Cartesian dualism” (1987, 12), though grasping the nature of the “self” is understood to require great effort, even in traditions that propose a more transient of interdependent “self.” Not surprising then, as I move away from the phenomenological assessments of the social body into the more rigid forms of determined leadership in Thai society, such an anarchist model faces a challenge. The social world does provide well-worn pathways to central authority – even if, ultimately, those pathways are a result of simple repetition. By arguing here that all “structure” is constructed, all the way down, I hope to address social sanctions with respect while also opening a space for critique. That is, seeing the “structure” of the social body allows for the identification of the “structural violence” in certain fields – even while disentangling their logic and the personal dispositions that function to naturalize social rules.

Physical coordinates

In *Ethical Know-How: Action, Wisdom, and Cognition*, Varela uses the aforementioned developments in cognitive science to highlight what he sees as the most meaningful questions for moral philosophers, providing a basis for my leap from this material to lived experience. In this small book, a series of three lectures, Varela urges a focus on habitual actions, rather than conscious judgment and abstract assertion, as the spontaneous and embodied root of moral activity.¹⁹ Thus, I am not looking to people's assessments of their actions or other such statements to guide the investigation of social relations at hand. Rather, embodied habits – such as bodily comportment, or physical markers of social relations, like the differentiated *wai* – can provide force to the notion that there are different perceptual patterns at play in, for instance, a group of professionals in Bangkok discussing the future of palliative care as opposed to a similar occurrence in Boston.

Take, for instance, the bow I mentioned in the opening vignette that accompanies one's entrance and departure from a meeting space. This bowing is a physical habit, a trained

¹⁹ In Varela's work, there is no great distinction drawn between ethics and morality. Here, I will more or less stay close to Kleinman's categorization of ethics as the universal claims to right and wrong, with morality based on local values in action – though the point for Varela in some ways is to collapse the distinction by calling out abstract claims themselves as locally constituted. But more proximally, this can simply be understood as another way to make the same statements as have been made in the past by Bourdieu, by Merleau-Ponty, by others. As Varela describes, "As a first approximation, let me say that a wise (or a virtuous) person is *one who knows what is good and spontaneously does it*. It is this immediacy of perception and action which we want to examine critically. This approach stands in stark contrast to the usual way of investigating ethical behavior, which begins by analyzing the intentional content of an act and ends by evaluating the rationality of particular moral judgments" (Varela 1999, 4). In essence, he is asking philosophers to take seriously moral activity, as Kleinman would posit it. But then in a question that resonates with understanding local moral worlds, but also challenges the task a bit as well, he asks, "why should one conflate ethical behavior with judgment?" (*ibid.*). If we substitute "moral" for "ethical" in this question, then we are left to revisit local moral worlds and try less to make rational or logical sense of the judgments people make, but instead understand the field in which they are operating. And this is why we have to go all the way to understanding the nature of the "self" to which we casually refer, for there is a parallel logic to be found in the processing of perceptions at a basic level and the interactions of individuals together in social space. I hope this is not too far afield.

acknowledgement of social groups. As such, it can be understood as a physical marker of one's recognition of the social body of which they too are a part. At least in meetings staged in urban settings, everyone does this, regardless of social rank, though certainly different styles of the practice are evident (which perhaps may be evidence of class *habitus*). Even if performed *pro forma*, it remains an opportunity to assess the space a person is entering or leaving, and indicates a part of the process of attention to the social body.

The ubiquitous *wai* is another case in point. The *wai* is a polite greeting in Thailand, akin to a handshake, in which a person's hands are brought together at the palms and raised to his or her chest, chin, or even forehead: the height one raises their hands depends on the appropriate level of respect warranted by the interlocutor relative to their own position. Unlike the relatively egalitarian handshake, if there is a large differential in social status between the two, the person of higher rank will not return the gesture.²⁰

These two simple examples flag a trained monitoring of social relations that force and enforce particular aspects of the social environment to come to the fore. Those aspects then are reflective of what is most valued or morally privileged. Relative status here is key, though I leave full discussion of status for a later section devoted to hierarchy and prestige. Individual body parts themselves too are salient. One's head is the highest part of the body and the feet the lowest – literally and figuratively. It is for instance greatly taboo to touch another's head frivolously, and I am told that one feels a great affront if and when that occurs. Some suggest this is related

²⁰ Raising a *wai* to one's forehead is generally reserved for sacred beings or objects, in which case the *wai* is certainly not returned. There are also slight gender differences in the performance of respectful *wais* beyond the scope of this review.

to the understanding that one's *khwan* is housed in the head, though the rationale is not so suggestive to me as the felt intrusion and corresponding polite etiquette. One must recognize body placement in the Thai context. Bodies must become prominent to allow one to follow norms appropriately, like excusing oneself before reaching over another's head or refraining from pointing one's feet at another person or any sacred object. You must bend at the waist and crouch so as not to rise above the level of an important person's head. You must sit in a collected fashion, hands on your legs or in your lap rather than folded across your chest or reaching over the back of a chair. You must *wai* appropriately in greeting and gratitude. And indeed, these actions of the body occur so seamlessly so as strongly to suggest that perception is primed to enable their spontaneous occurrence. Ultimately, following polite dictates is itself of utmost value in formal public and semi-private interactions.²¹

So let me return to the woman sitting demurely at the side table during the controversial discussion recounted at the beginning of this section. She too bowed when she stood to leave, crouching ever so slightly as she left the room with her belongings and lunch tray in tow. Again, how can we understand the discomfort that prompted her departure?

Certainly her bodily comportment and her physical positioning placed her in a nominal role in the group. She had no leadership position and did not directly participate in the proceedings as such – yet her participation can nevertheless be understood at the collective level, at the very least through a supporting role as observer. The parallel between individual and social

²¹ Robert Bickner finds a reflection for this value in the context of job interviews. In a personal correspondence, Bickner related to me how interviewees are tested on their ability to respond to polite dictates, rather than tested on their language skills (unless a foreign language, such as English, is required for the job). One's writing proficiency is assumed or at least of less importance than one's ability to interact appropriately.

bodies suggests that the conflict in the room was akin to a lack of equilibrium in the individual body, a dangerous condition that risks the loss of *khwan*. The lack of clear leadership in the room could be taken as such an unhealthy state. So just as one feels a cold coming on or the familiar pangs of a headache, the notion of the social body allows us to appreciate a sensation of group membership in a physical way.

Yet even without such projections, the physical aspects of social conventions in Thai settings invite us to appreciate the interconnectedness group participation breeds. The positions and movements of others condition one's own movements, thus a break in convention (as seen in a power struggle between leaders) leads to a break in standard performance that, at least for some, could certainly be met with discontent. If, as the "peacemaker" suggested, *face* is to provide an explanatory framework for this young woman's discontent, I argue we must then incorporate Thai notions of "face" and the overall social body to the equation. Thus as I move into a discussion of face and face work, I recall the assessment of Leela Bilmes, in her dissertation, *Sociolinguistic Aspects of Thai Politeness*, with particular regard of "face." Bilmes contends:

The importance of the group for Thais means that their understanding of face is collectively based. Their identity and integrity are connected to the collective, and therefore an individual's face is communal property. Individuals' triumph and shame are experienced by their group. (Bilmes 2001, 207)

How, then, should we understand Thai "face"? And how might "face" relate to the "social body," as I have defined it?

PART II. FACE AND THE THAI SOCIAL BODY

Although an admittedly loose concept (Ting Toomey 1994), theorists have sought to understand and describe issues of identity and interpersonal relations through the notion of face for decades. Erving Goffman used the term in a universal context as “an image of self delineated in terms of approved social attributes” (Goffman 1967, 5). In the Chinese context, the term has been deployed in a more socially particular manner, with the separate and connected categories of social face (*mianzi*) and moral face (*lian*). As Yang and Kleinman review these terms, the former, *mianzi*, “represents one’s social prestige gathered via personal effort or strategic maneuvering and is based entirely on external evaluations” (again, see Hu 1944 for the basis of this definition); the latter, *lian*, can be understood as “reflecting one’s moral status in the local world and consisting of internal and external prohibitions for moral behaviors” (Yang and Kleinman 2008). The focus here is on “the everyday economy of reciprocity and social exchange” and the moral entanglements therein (*ibid*). Larry Persons has marked the similarities between *mianzi* and *lian* and *face* in the Thai context, particularly in regards to the *bun khun* (บุญคุณ) or favor-based relations (Persons 2008).²² Implicitly then, these authors reproduce a strategic understanding of face work, in which people maneuver within the polite bounds of social interaction and incorporate morally justified self censure to ensure their optimum level of social capital. In reviewing the scholastic work on “face” in the Thai context, I will argue that one does find moral undertones; however, the root values and their deployment differ from those

²² *Bun khun* bears some similarity to *guanxi* in this regard, though the differences are beyond the scope of this work.

reviewed in the Chinese context, suggesting again the utility of the “social body” as a conceptual framework to augment that of “face” alone.²³

Poor people have no face

Only one scholarly piece has been written in Thai on the concept of face. In 1975, Sanit Samarkangaan (สนิท สัมครกาาร) published “Concerning the “Face” of Thai People: Analysis According to the Linguistic Anthropology Approach” in the *Thai Journal of Development Administration*. Sanit’s work seems to have formed the basis for subsequent studies of Thai personality (see Suntaree Komin 1990 and Margaret Ukosakul 2003), and both Christopher Flanders and Larry Persons use some of Sanit’s insights to bolster their claims about Thai face in the context of Christian missionary work (Flanders 2011) and Thai leadership styles (Persons 2008). I will later argue, however, that the most unsettling of Sanit’s claims are largely ignored in these subsequent uses – in particular, the close link he draws between money, power, virtue, and face. But first, more on Sanit’s overall argument.

In Sanit’s analysis, “face” is synonymous in certain regards with “ego” or the “personality” of the person (Sanit 1975, 496). That is, the word *nā* (หน้า) or “face” has several meanings, and he is careful to focus in on the particular expressions that literally have to do with the physical front of one’s head but symbolically are understood to refer to one’s personality. (The term personality here too requires some unpacking, and in the end it may be better to call

²³ In a 1993 article, Kleinman and Kleinman make a similar move with a triad of concepts. As they write, “Families, face and favor, then, are not simply social categories, but denote social, psychological and sociosomatic *processes* that enfold moral meaning into persons and that reciprocally project persons into social space (Kuriyama, 1993)” (Kleinman & Kleinman 1993, 39).

this social “persona” or “status”, though neither is quite right. The remainder of the chapter will deal with these concepts in turn.) Sanit meticulously goes through common “face” phrases in order to decipher Thai values through a parsing of “positive,” “negative,” and “neutral” face terms.²⁴

Sanit argues that, given the economic system in place, that which gives or displays face most often has to do with property and expenses.²⁵ What counts as or proves “face” includes the ability to sponsor events or otherwise demonstrate prestige. (Recall the Thai physicians from abroad and their sponsorship of the Bangkok palliative care conference as a good indicator of a means of proving and improving face along these lines.) “Crossing” someone or proving oneself untrustworthy are, based on the worst “face-based” epithets, among the worst behaviors. “Saving face” – that is, avoiding the tarnishing of one’s social standing – is paramount at all costs, even if one needs to avoid making a decision to save face.²⁶ And the importance of face in these regards appears at many levels – from the individual to the national – as evidenced, suggests Sanit, by

²⁴ This article was written before Levinson and Brown’s theory was published, thus “negative face” here literally means face terms that are unflattering to the subject, rather than, in Levinson and Brown’s parsing, the strategies people use to refer to “deference politeness.” For reference, Sanit’s lists include (but are not limited to) to following. Positive face terms include *rak nā* (รักหน้า), *nā bān* (หน้าบาน), *nā yai čhai tō* (หน้าใหญ่ใจโต); negative terms include *nā ngō* (หน้างอ), *nā sīa* (หน้าเสียว) *nā kham* (หน้าค้ำ); neutral include *nātāthāthāng* (หน้าตาท่าทาง).

²⁵ This article was written in the 1970s, and thus the particular means for face promotion may very well have changed since that time. (Indeed, the Thai physicians described in the chapter’s introduction may serve as such a clear illustration of Sanit’s logic precisely because they have been away from the country for so long.) Sanit himself argues at the end for a reconsideration of face making, and his recommendations mirror that of the Buddhist-based social change advocates overviewed in Chapter 2. Thus I will return to the issue of change briefly at the end of this chapter, going into more depth in these issues in Chapter 5.

²⁶ One is said to save face even if one must: *khāi phā khao nārōk* (ขายผ้าเอาหน้ารอด). This expression literally reads, “to sell one’s shirt to save face,” and I thank Professor Robert Bickner for alerting me to the temporizing meaning implicit here.

Thailand's willingness to host international meetings sparing no expense and its (then) growing reputation as a hospitable nation *par excellence*.²⁷

Strikingly, Sanit claims displays of wealth are positive markers of one's social standing as well as one's moral righteousness.²⁸ By extension, it is clear that social standing then is a moral marker. According to Sanit, "poor people do not really have "face," and thus they typically do not really have occasion to "save face" that much" (*ibid.*, 504).²⁹ In fact, if poor people try to display wealth or act as if they have "face" when they do not, people will laugh at them and gossip. In a similar fashion, if rich people with position are stingy, people will not respect them and will call them "negative" face names (generally behind their back).

A tension thus arises from Sanit's text as to whether the subject of his article is *all* Thai people or only those in a position to partake in the "face" strata of behaviors. What about those people who are somehow incapable of such "face"? Are we to understand their social standing as a moral inadequacy? Certainly we would not say, as suggested by those who equate "face" with personality, that they have no personality at all. And they certainly also take part in social life. But "face" seems reserved in some respects for key individuals or, alternately, for people representing or upholding the identity of a larger entity (be it a family, a group, a nation).

²⁷ Indeed, Thai are generally considered the quintessential diplomats, and Thailand recently ranked 2nd in the world for service (behind Japan), according to the New York Times Magazine (Silver 2011).

²⁸ Others scholars interested in Thai face, chief among them Larry Persons, have also found wealth to be a strong indicator of face and, by extension, a marker of virtue (See Persons 2008 a and b). Indeed, Persons' work explores the function of face among Thai leadership – and thus he too need not delve into whether or not poor people can trade in this, what he (akin to others) parses as a form of social capital.

²⁹ คนยากจนก็ไม่ใช่คน "มีหน้ามีตา" เท่าไรอยู่แล้ว เมื่อไม่มีใครมีหน้ามีตากการกระทำต่างๆ เพื่อ "รักษาหน้า" ก็ย่อมจะน้อยกว่าเป็นธรรมดา. The particular phrase to represent "face" here (*mī nā mī tā*) can also be parsed as one who is "reputable."

To deal with this conundrum, Christopher Flanders proposes a distinction between “personal face” and “social face.” Flanders conducted a series of interviews on the topic of face, and repeatedly received answers akin to what Sanit described. As he reports, when asked who possesses face, “the most typical responses identified such individuals as the prime minister of Thailand, the king, sports and entertainment stars, teachers, business people, those in ‘high society,’ and the wealthy” (Flanders 2011, 121).³⁰ Only when pressing directly in such interviews could he find support for the universal aspect of face he works so hard to promote in his work.³¹ So Flanders concludes that while everyone has “personal face,” only some have “social face.” However, the precise manner in which Flanders’ respondents admitted to “personal face” is telling. It was only when “face” was said to mean honor and dignity *in one’s role* that some people admitted, as did one respondent: “All possess [face] because society has made it that way. The joining together of humans – there has got to be the giving of honor. [This] makes every person want to have a part of that society” (Flanders 2011, 123). Roles in society are key. As is the “giving of honor.” What is the difference between roles then, and what is the appropriate unit of analysis in the distribution of honor?

Thai face and the issue of individualism

Sanit frames his article in part using John Embree’s classic (and contentious) description of Thai society as a “loosely structured social system,”³² and goes on to agree with this

³⁰ Although Flanders references Sanit in his book, he makes no mention of the parallel here. He draws from Sanit only the correlation between “face” and “ego” or “personality.”

³¹ It may be noteworthy that Flanders interviewed affluent Bangkokians for his study; so while 39 people eventually admitted that everyone possessed face (15 maintaining that only some did), the “everyone” could be a peer set, so it remains unclear.

³² See Embree and Evers 1969 for a multi-authored engagement on the topic.

contention by way of a slight of hand with scholastic terms. More specifically, Sanit bases his argument on a re-definition of English concepts, chief among them *individualism* and *personalism*. This remarkable aspect of Sanit's work is undocumented in subsequent citations, even though too quick a reading of this short article – without taking stock of these semantic changes – could certainly lead to a misinterpretation of his analysis. Here I will unpack the meanings behind Sanit's claims and go on to argue why the basis of his argument is ignored in more recent scholarship.

A main presumption of Sanit's work is that people have different stations in life. Some are poor, some are of higher status and power. It is then *relationships* formed with people of higher status that are most useful in Thai society, more so than the rule of law or relationships with people of lesser status (Sanit 1975, 500). *Individuals* are then responsible for meeting their own needs by forging such *relationships*, rather than relying on what he calls a weak or pliable system of social sanctions. "Group law," he thus claims, is quite common; that is, factions or groups tend to dominate or dictate the actions of particular subsets of society at large rather than everyone appealing to some set of rules or laws.³³ Furthermore, Sanit contends, because society does not have enough functional means of safeguarding against or punishing infractions to the laws that do exist, it becomes the duty and responsibility of each person to learn proper methods for being cautious and succeeding in the relational system (*ibid.*, 502). Therefore, "individualism" in Sanit's account does not refer to independence, self-reliance, or the "moral worth of the individual."³⁴ Instead, "individualism" refers to the social system that relies on

³³ In a similar fashion, Benedict Anderson, in a recent Midnight University lecture, claims Thailand is best understood as an oligarchy (see <http://www.prachatai.com/english/node/2694>).

³⁴ See <http://www.britannica.com/EBchecked/topic/286303/individualism>.

relationships for social functioning, and individual responsibility therein to seek out and depend upon proper relations with others.

It is in this way that Sanit claims that Thai society is an “individualistic society” – a claim that many Thai scholars might ordinarily find laughable, as they rightly call out the inexhaustible instances of conformity in the Thai context. But when “individualistic” means forging standard and legible relationship with others, his logic seems more appropriate. Sanit goes on to explain that this Thai style individualism follows the patterns of “personalism,” which, in his usage, means that leaders are the most important element in the system (Sanit 1975, 502).³⁵ For Sanit, self-interest is certainly at play, but the maintenance of set group relations is somewhat fixed.³⁶ Positive face terms then reflect the attributes society most esteems – including fame, pleasantness, merit, beauty, and importance³⁷ – and negative face characterizes those who are not in line with the values of the culture – whether through displays of anger, lack of friendships, unreliability, appearing downcast, having much suffering, or even appearing older than one’s years (*ibid.*, 497-499).

³⁵ “If we really take a close look at Thai society,” Sanit writes, “we will see all sorts of craftiness and deception in many forms” (Sanit 1975, 502). Each individual must take good care to assess others carefully, and to associate with “good” people in order to avoid the pitfalls of others’ ill will.

³⁶ Akin to Bourdieu’s field, Sanit does seem to recognize that the rules of the game can change – see below.

³⁷ It is important to note that the *expressions* of kindness and *self proclamations* of importance are esteemed here, not necessarily a concordance of internal reflection and outward action that a sincere frame would require for genuineness (Sanit 497). See Chapter 1 for the basis of this argument on sincerity versus ritual. Persons work in this regard becomes quite compelling in deciphering contemporary political upheaval, as he differentiates “*barami*” type leadership in terms of internal authenticity. More on this in the next chapter.

The demands of face on the body

Again, Sanit is claiming that a type of self-interest is at the root of this “individualistic” society. But that need not mean that *strategy* is inherently bound up with face. Again, I return to the work of Bilmes to help decipher this puzzle. She too found the notion of “strategy” was problematic in the Thai case:

This study has found that there are polite linguistic behaviors that are strategic, such as the use of certain discourse particles (Chapter 6) and indirectness (Chapters 9 and 10). At the same time, there are polite actions that are not strategic but occur as a result of observing social conventions and expectations... This use is not (necessarily) strategic but rather intended to conform to expectations for that particular social situation. The speaker is exercising what Ide (1989: 223) calls discernment: “the speaker’s use of polite expressions according to social conventions rather than interactional strategy.” (Bilmes 2001, 216)

Whether strategically angling or as a result of social convention, Bilmes found attention to face is always geared toward “maintaining harmony” among the group (Bilmes 2001, 188). So much so that, as mentioned above, Bilmes goes so far as to say that face is a shared property. That is:

Anything that promises to disrupt group harmony can be considered damaging to Thai face. For instance, disregarding the hierarchy and one’s role within it, denying the interdependence of group members, and causing the embarrassment of one or more group members are all actions that threaten Thai face. (Bilmes 2001, 189)

But for Bilmes, the question then of how an individual can assess the state of his or her own face, given face as a “group property,” remains beyond the scope of her study. She thus effectively sidesteps the issue of social inequality – the right of some to face, and the self-reinforcing aspects of the ranking system. Disregarding the roles of the hierarchy disrupts harmony; therefore, challenging the social system not only has a negative connotation, such disruptions are categorically figured out of equations of healthy functioning at the individual and social levels.

In order to account for the naturalized mannerisms of group conformity, I appeal to the concept of the “social body.” The social body is continually re-inscribed, not simply through individual strategies of self-placement in what Sanit describes as an “individualistic” society, but also in ritualized polite behavior. There is *both* the sensing of shared space and one’s personal movement therein *and* the *pro forma* acceptance of the overall shape of the group that comes implicitly in the maintenance of social etiquette. One could say that the understanding of harmony and equilibrium as key to health leads people to maintain an appropriate (that is, more or less dictated) role in the social body at large for the sake of health and well-being. And as I argued in Chapter 1, some of these dynamics are a function of ritual-like engagement. One need not attend to the meanings behind each and every action, whether when attending to the physical needs of another body or to the overall needs of the social body as a whole.³⁸ One *cares* by performing the appropriate actions themselves – one maintains the social body as a matter of course.

The phenomenological angle of the previous section sought to underscore the ways in which people attend to the social body. Now, given this interlude on face and the values the concept reflects, I move to understand the “care” people show the social body, largely through ritualized performances of polite behavior and other means of maintaining social cohesion. Thus in the following section, I discuss the values inherent in Thai face terms in relation to the stratified society these values serve continually to reproduce through such practices of care.

³⁸ It is important to note that this is not to imply that deceit is acceptable, as long as the proper performance is maintained. Sanit lists in his “negative” face terms *nāsūčhaikhot* (หน้าซื่อใจคด), which he translates as appearing sincere but dishonest or devious in reality (ท่าทางซื่อสัตย์ แต่แท้จริงคดโกง).

These values challenge notions of distributive justice. Roles in the social body here are inherently unequal. Karma and merit are the invisible roots of stations in life. Displays of wealth and indications of merit empower people above others without similar means. It is my contention that this type of structure “makes sense,” has an internal logic, but challenges standard western ideals of egalitarianism. The scholarship that has taken Sanit up for his ideas concerning Thai personality accepts the social cohesion his understanding of “face” projects, but downplays the “stations in life” also required.³⁹ Face indicates merit, prestige, power – and “group harmony” demands those coordinates stay relatively fixed.

PART III. HIERARCHY, PRESTIGE, AND THE GENIUS OF THAI SOCIETY

In the 1920s and 1930s, Thai cultural brokers would often use the word ‘genius’ to explain the essence of their society to outsiders.⁴⁰ In speeches to the Siam Society, presentations by Thais to foreign pundits, and so forth, “the genius of Thai society” boiled down to the simple fact that everyone had their place in the social world. In a word: hierarchy.

Metaphorically then, social groups (and, at times, Thai society at large) are akin to a body, for which *phūyai* (“big people”) serve as the “face” – the face in charge of making decisions and directing the actions of the body that it guides. In this parsing, only certain people

³⁹ William Goode has also suspected a tendency toward egalitarian ideals in contemporary scholarship. As he stated it: "Sharing equally, like egalitarianism generally, arouses a false nostalgia. Modern intellectuals especially respond positively to it, and in some form or another it arouses sentimental responses from most people, primarily because it evokes images of an uncomplicated friendship, bonded in total sharing" (Goode 1978, 356). See also Fischer 2012 for an extended discussion of egalitarianism in scholarship.

⁴⁰ I thank Robert Bickner, Professor of Thai Language and Literature at the University of Wisconsin at Madison for alerting me to this telling phrase – Personal correspondence, July 2011. Future research might ascertain at what point “harmony” of this kind entered into Thai political discourse, as Puett has done in the Chinese context (see Puett 2012 for a review).

can be the “face” (or, perhaps more accurately, the “head”⁴¹), and others are left to occupy other “parts” of this social “body.” But as laid out in the previous section, face terminology also reflects that which is most esteemed in society. When putting its best face forward, certain traits – such as fame, pleasantness, merit, beauty, and importance – are perceived to serve the body best. In this, the final part of this chapter, I will parse out the components of prestige and hierarchy that are integrally related to such values in any attempt to delineate further the “genius” of this social system.

Prestige – what counts, who can care how

In his 1978 book, *The Celebration of Heroes: Prestige as a Control System*, William Goode defined prestige as “*the esteem, respect, or approval that is granted by an individual or collectivity for performances or qualities they consider above the average*” (7). What, then, “counts” in such assessments?

Most discussions of Thai face expressions do not get us close to the root of assessment of esteem. For instance, Margaret Ukosakul analyzes Thai face idioms to prove that shame and honor are integrally related to face, but she does not adequately spell out *what* causes such appraisals of shame and honor in context. Sanit, as described above, provides some loose indications of estimable attributes, though in somewhat of a hodge-podge fashion, including fame, pleasantness, merit, beauty, and importance. More recent work by Larry Persons (2008a and b) deciphers five coordinates of face – *nata* (face-eyes, or the appearance of being honorable), *kiat* (genuine respect and approval), *chuesiang* (fame or recognition), *saksi*

⁴¹ The Thai word for leader is *hūa nā* (หัวหน้า), literally a combination of head and face.

(autonomy or esteem “from the inside out”), and *barami* (virtuous and generous power) – though there, as with Ukosakul, it remains difficult to disentangle the actual attributes from the moniker of honor or virtue. But he does provide a bit more data on which to proceed more systematically.⁴²

Persons conducted ethnographic field research in which he inquired about the basis of Thai face and its use for leaders in business, politics, and community affairs. Tactics for gaining face included: becoming a patron, hosting a public gathering, being a good person, winning the heart of your superior, promoting yourself, and promising benefits to others (Persons 2008a). With the exception of “being a good person” (a topic to which I will return later), relationships with others, often including providing for others, figure prominently. Persons goes on to describe how leaders lose face, including: failing, being criticized or challenged, being the focus of gossip or slander, not delivering on a promise, violating the law, and being overlooked. What is striking here is that, again, these are characteristics largely determined by relationships and surface indications. If one is criticized or gossiped about, or even overlooked by others, face is lost.

Prestige and the power of talk: Caring and cruelty

In many discussions with friends and various informants about their lives and their strategies for soliciting the support they might need, *gossip* emerged as a dangerous theme. Here the volatile nature of face comes to the fore, the tenuousness of certain positions in the social body: prestige increases one’s power as well as their vulnerability. If one acquires too much wealth or influence, for example, a person might become the object of jealousy, and therefore the

⁴² Note: I follow Persons’ transliteration here.

subject of gossip that has the power to tarnish their reputation. As attested to above, such slander does effectively diminish face – and with it, one’s ability to be a leader in the social world and to enjoy the benefits of such a position. Gossip can misrepresent someone to others; thus such talk can effectively categorize that person in a role with less power or movement than they might otherwise enjoy.⁴³

A story. I began this dissertation with a scene from a family – an old woman in a coma, her daughters Aom and Ying who are responsible for her primary physical care, her extended relations and the roles they play in her upkeep. Aom and Ying, you may recall, had a sister Kannikar who had also lived with them as a primary caregiver at the onset of her mother’s illness, but she left town with her children for work elsewhere after the first year. One day, as we worked together bathing and dressing the bedridden woman, I pressed Ying for details, and she told me the following tale.

Kannikar, according to Ying, did not like to stay in the house. She drove her motorbike with skill, shuttling her kids to school in the morning and sometimes not coming back until the late afternoon. Ying intimated that Kannikar liked to gossip, and would often talk with people in the neighborhood about who had made what latest purchase, how they had made their money, and so forth. I was pressing her – Did the sisters ever fight? What happened to make Kannikar leave town? – when suddenly Ying’s eyes unexpectedly filled with tears. She began then to talk

⁴³ From the perspective of the social body, gossip serves as a powerful check on the status quo. Perhaps this can be understood as a negative form of “care” that maintains group normalcy even if at the expense of what might be construed as justice for individuals wrongly accused.

about how Kannikar made it seem to others that it was Kannikar, not Ying, who did everything for their mother, denying Ying credit and, in turn, her proper social standing. She explained:

“Whenever she [Kannikar] was at a funeral, she would rush home, telling people she had to look after mother. But when she went, who stayed at home? Ying. She would rush home from here, from there – but who was still at home taking care? Ying. She would tell people she had to do everything.”

Ying felt slighted, hurt by her sister not acknowledging her contribution in their home. But there was something more at stake. Ying was more or less an outsider by this time, having left Chiang Mai over 30 years prior to marry a man from the countryside. Entering back into the urban scene, she remained invisible, expendable, an unmentionable cog in the wheel. Moreover, not only did Ying feel marginalized in the community, she also felt her sister Aom treated Kannikar more generously as well. “She would buy her kids clothes, school uniforms, you name it. Would she ever do that for my kid?” The question was rhetorical; Ying felt denied at every turn.

Admittedly, Ying was a strange person. Lack of education combined with a blunt engagement style, Ying would often act inappropriately in social settings. She would go into details, for instance, about making her mother defecate while sitting with a group of ladies at a temple ceremony, and then laugh awkwardly as they exchanged glances. She was simple. She was insistent. And she was manipulative, often, for example, trying to ply me for money or other gifts. As her sister warned me one day, she was *khīkhō* (ขี้ขอ), always asking for something. Or then again, was this my impression because I was so warned? Had others been similarly primed

to find her awkward, thus prompting such impromptu absurdities?⁴⁴ As with all social realities, it is a tangled web indeed.

What nevertheless suggests itself is this: people do indeed hold stock in the power of gossip to alter one's social position. I was repeatedly told (by Red Shirt supporters, that is) to consider ousted Prime Minister Thaksin Shinawatra in this regard. He was too rich and too well liked. Jealousy arose, jealousy and fear that led to nasty talk, which led to his great fall.

Inner and outer coordinates of social positioning

The judgments of others are factored into assessments of one's moral virtue, just as are wealth, displays of wealth, and even to some extent elements of self-aggrandizement.⁴⁵ Persons draws on additional anthropological assessments to underscore this point, recounting how “Penny Van Esterick claims that Thai society ‘encourages an essentialism of appearances or surfaces’ to the extent that ‘the surface is taken for the real’ (Van Esterick 2000: 4)” (Persons 218a 61, footnote 17). The logic of Thai social support overviewed in Chapter 3 applies here as well. In a similar vein, Persons too found that “Thai cultural values dictate that to appear calm and ‘cool-hearted’ (*chai yen*, ใจเย็น) is honorable and to express weakness or negative emotion is inadvisable” (Persons 2008a, 369). Indeed, the surface here is taken as an indication of the real – though, as I recounted, ultimate virtue comes from an internal orientation. It is not that one necessarily “disguise[s] a private world of panic, anger, bitterness, hurt, detachment, fear, shame,

⁴⁴ In the last chapter, I briefly described her alleged “shock” to overwhelming emotional stimuli. It was never clear to me whether this had actually occurred in the past, or whether I was told the story to alter my perception of her.

⁴⁵ As Persons attests, “despite sanctions against face aggrandizement, leaders on many levels of society premeditate, plan and implement ploys to gain face” (Persons 2008a, 218).

and loss of inner confidence” as Persons presumes, but rather the ideal is that the truly virtuous let these transient emotions pass in accord with Buddhist understandings of the nature of the mind. Thus indeed, being a “good person” is not ultimately based on surface characteristics alone. According to Persons, leaders who can prove their status as a “good person” prove their “*barami*” – virtue emanating from the inside out. But this much-sought label comes only after many years of assessments, when the cumulative accounts of appearances can be tallied and true merit ascertained.

As I described in Chapter 2, we again need take stock of the utilization of Buddhist ontology in functional terms in the social system. There are but a few people who can access “truth beyond truth,” those with dharmic insight. Only those few then are appropriate for positions of power in the society. It is taken as a matter of course that not everyone can gain such insight. Furthermore, some are granted it by birth – thus making wealth in this lifetime a surface appearance that attests to one’s karmic state. And, as I will detail in the next chapter, although times have changed greatly in the 30 plus years since Sanit wrote his analysis, there is much that persists in his parsings, even in the highly modernized urban arenas operating in Thailand’s state of late-capitalism. Leaders as the social body’s *khwan* are ideally ultimately virtuous, though certainly everyone recognizes this is not always the case. Nevertheless, surface characteristics serve as a proxy – and a community plagued by dishonest leaders (a manifestation of “fake face,” if you will) may in fact be suffering the results of negative collective karma.

Thus at long last, some attention to the hierarchy of this society and its “Buddhist” political system is in order, but not before a brief word on the challenges academics face in

approaching these issues. For this, I return to William Goode and his remarks on distributive justice in his work on prestige. Following Homans, Goode traces the “Principles of Distributive Justice” to the ideas of Aristotle in ancient Greek philosophy through notions of “equity” in the world of social psychology. The idea quite simply is that people should “get out” according to what they “put in”: contributions to society should determine treatment and social benefits. But, he explains, “as an empirical description of what people actually find just, this rule is extraordinarily weak in spite of its distinguished history” (Goode 1978, 339). I have followed Goode’s categorization of prestige as an invitation to ask exactly what then counts in the Thai case for appropriate contributions to society worthy of attention and reciprocation, what counts (as I will discuss below) to set people apart. And I have argued that for the most part, surface characterizations of wealth and beauty and placidity, along with functional attributes of generosity and trustworthiness, feature prominently in the attribution of prestige. But the related terms of justice – in terms of birthrights and other manifestations of privilege – has fallen out of favor and is hard to accept in contemporary thought. Yes, for good reason. Witness Goode’s testimony:

Over the past several hundred years in Western societies, it [the Principles of Distributive Justice] has been used especially by the disadvantaged in claiming more equality: Children of high talent, though poor, should be given more opportunities; since aristocrats are not different in any other way than in ownership of property, they should not have more political rights than other people; since all persons are inherently equal in civic rights, European empires should not rule over any colonies. However, in times past it seemed equally self-evident to aristocrats that in crucial ways they were superior to others and should be given more honor and material rewards, though in Christian theology their souls had no special superiority. (Goode 1978, 340)

Again, in subsequent chapters I will question whether the coordinates of prestige are fundamentally changing in the Thai context. For the present argument, it matters most that in this

context prestige and hierarchy go hand in glove, as do health and harmony. Therefore, I briefly turn to hierarchy itself to solidify my “social body” argument before moving forward.

Hierarchy – a working definition, an integral component of care

As a matter of course, Thailand is frequently characterized as a hierarchical society. In order to make the most of such an assessment, we need a working definition for the term and how it works.

In a short article on the topic, “Manners, Deference, and Private Property: Or, Elements for a General Theory of Hierarchy,” David Graeber offers a way to begin the discussion. Graeber defines his task as exploring the nature of hierarchy:

I want to delve into hierarchy’s most elementary forms: the way people avert their eyes or stand at attention, the sort of topics they avoid in formal conversation, what it means to treat another human being as somehow abstract, sacred, transcendent, set apart from the endless entanglements and sheer physical messiness of ordinary physical existence – and why something like that always seems to happen when some people claim to be inherently superior to others. (Graeber 2007, 13)

Graeber thus takes up the issues of manners – particularly the opposing interaction styles of avoidance and joking – in order to understand “how forms of social domination come to be experienced in the most intimate possible ways” (*ibid.*, 16).⁴⁶

⁴⁶ Graeber is here also exploring the roots of capitalism. For simplicity’s sake, I will leave off the full extent of his ideas on market exchange in relation to avoidance and joking for another discussion. What’s more, for Graeber, the principle of avoidance is based on the idea that certain groups or individuals are sacred, while the principle of joking is based on bodies being of one common substance. At the risk of defiling the basis of his argument, I do not wish to enter into that level of discussion either. (Though I will note that it is fun to think about Ying talking about excrement with high society ladies is a clear case of mismanaging prescribed avoidance manners. For this point, Graeber goes back to Edmund Leach, “who suggests that it is necessary to hedge areas like sex and excretion with taboo because they tend to obscure the division between self and other, body and external world” (Graeber 2007, 18).)

Graeber develops the general argument that higher classes are increasingly set apart from the rest of society, and as such, they become abstracted and universal in type. In essence, they are treated and perceived as *different*, marked as special and deferred to as such. By what criteria is such differentiation made?⁴⁷

Again, I return to the social body. Along with many Thai scholars, I maintain that surface harmony is crucial to the social world. The differentiation between roles can be understood at one level from surface characteristics: wealth, beauty, esteem, and the like connote positions of prestige and, by extension, power. At another level, these traits ultimately are presumed to equate with moral coordinates, including merit and dharmic insight. The parallel between healthy physical functioning and healthy group functioning is this: harmony does not require equality. One would not presume the gall bladder could do the work of the heart. Although there may be misfires by way of deceit or cheating,⁴⁸ ultimately surface categorizations function fairly well as a means by which to differentiate appropriately.

As I argued in Chapter 2, the ideology here contains a mixture of religious and political elements that in some respects are incommensurable. The “genius of Thai society” certainly

⁴⁷ Graeber makes it clear that anthropologists are generally not talking about a linear hierarchy; instead, in social worlds, there is always more than one criterion of ranking. Like Luis Dumont did in the Indian case, Graeber works through historical materials from Early Modern Europe to recreate models of hierarchy and their origins as part of his argument. But where Dumont argues that earlier nested groupings of inclusion in India were antithetical to notions of exclusion, Graeber finds support for both inclusion and exclusion criteria in social hierarchies. For Dumont, individualism provided the basis of exclusion. Therefore, Graeber reports, Dumont found that the hierarchical world of the Middle Ages was destroyed by “the rise of a commercial society [which] brought with it an ideology of individualism” (Graeber 2007, 46), Graeber insists that no radical break is necessary for understanding the history of hierarchy in societies.

⁴⁸ Indeed, the metaphor only goes so far. Certainly the gall bladder does not complain behind the heart’s back, drag its feet on the way to meetings, manipulate the heart by giving partial or false reports, or failing to cooperate all. My thanks to Eli Elinoff for making this point with such humor.

contains a cunning that from many perspectives seems unjustly to force oppression more than it allows flourishing.⁴⁹ As Graeber found in the European context, “one might say that avoidance became generalized: in the sense that principles of behavior which once applied mainly to relations of formal deference gradually came to set the terms for all social relations, until they became so thoroughly internalized they ended up transforming people’s most basic relations with the world around them” (Graeber 2007, 31). That is, Graeber sees the logic of hierarchy play out in “an ideology of social class” which ultimately transforms the social categories of prestige into naturalized assessments of the world.⁵⁰

Thus when looking to the interactions that occur in the face of illness and encroaching death, we have to incorporate specific reference points appropriate to the context. We cannot presume that these types of jarring life events spark a hyper-attentiveness that trumps habitus. Instead, we need to understand care on care’s terms. As demonstrated throughout, “care” depends on what is taken into consideration, and here social coordinates are built into people’s

⁴⁹ Persons, for example, notes that, despite the “reciprocity” in *bunghun* relations, the patron generally benefits more than the object of his largess.

⁵⁰ As Graeber puts it: “How often, for instance, does one hear the upper classes of some society or other described as more refined and elegant than those below them, finer in features, more tactful and disciplined in their emotions? Or hear that the lower orders are cruder, coarser in features as in manners – but at the same time more free with their feelings, more spontaneous? Most people seem to consider it a matter of course that upper and lower stratum of society should differ in this way (if they think about it at all, perhaps they write it off to conditions of health, work, and leisure), or at least, that they should be represented so” (Graeber 2007, 27). Certainly anyone familiar with Thailand will hear a familiar division – whether expressed between the urban and the rural, the city and the countryside, the rich and the poor. Even the color of one’s skin bears the mark of society’s presumptions – and the number of skin whitening products attests to the understanding that a change in the surface can actually serve to change others’ presumptions and, in turn, one’s social position.

perceptual toolkits.⁵¹ Thus we need to recognize that forms of care that provide for certain types of relations in one context may come to rest on very different patterns of relations elsewhere.⁵²

CARE OF AILING BODIES, HARMONY AMIDST DISCORD

The relations I describe in this chapter are of a particular variety; there are certainly simultaneously other types of interactions and logics at play in the social world. Nevertheless, the conceptual model I offer here is an attempt to make sense of processes that are otherwise hidden from analysis' view. The "social body," as I deploy it, provides a framework for making sense of the particular social relations I repeatedly witnessed, and participated in, in urban Thai settings: the manner of assessing groups, the role of set mannerisms, and the actions and justifications that differentiated those who led and those who followed.

As an explanatory device, I have throughout linked social harmony to individual health. Yet the "care" I have discussed in this dissertation has primarily been care of ailing bodies, individuals approaching death rather than nursing their way back to full health. What's more, there certainly exists discord in Thai social bodies, despite the "care" shown in and to them. There comes a point then when we have to bracket the correlation between health and harmony.

⁵¹ Nicola Tannenbaum famously suggested that in the Shan worldview of Northern Thailand, relations were all about "power-protection" (1995). Engagement or avoidance is thus predicated on who has power or could give protection. My point here is that such an appraisal is contingent on the "care" I describe: with the "attention to the social body," I offer the means by which people assess social (and spiritual) worlds, how perception is attuned to social and spiritual power; with "care of the social body," I emphasize the interdependence of the group, the recognition that those around you have an influence on your hopes of wellbeing. Tannenbaum's analysis provides a possible worldview that may indeed supply the symbolic rationale for these operations.

⁵² To be clear, with "forms of care" I am referring to models of caregiving and systems of care promoted in international public health intervention schemes. The argument that will follow in the remaining chapters will continue to develop this point, which culminates in a plea to global health practitioners to pay more scholarly attention to local settings, in the ways I try to do throughout, in order to evaluate the implementation parameters and rippling consequences of inserted modes of care.

Harmony is clearly a value, harmony is clearly a practice; however, what this value and its practices breeds needs to be left open for further analysis and critique.

Volunteers for harmony

As I have reviewed, many have claimed the acceptability of equating external status markers with naturalized leadership rights. According to Sanit's logic of individualism, it remains the responsibility of the individual to know how to "save face" if looked down upon or unjustly oppressed, as well as to take pride in and pursue activities that show their face (Sanit 1975, 503) – and if one cannot do so, there are presumed reasons for that as well. Given the focus of this dissertation, I take great interest in the examples Sanit then provides for face promoting activities, for they include *volunteering* (*kan`āsā* or *rap`āsā*) alongside arranging ceremonies and giving money to the poor. Sanit even names volunteering as a means to, and of course evidence of, "face" at the national level as well, suggesting that a high rate of volunteerism, like hosting international meetings, is an important indicator of the prestige of the nation.

As I have discussed previously, there is increasing attention in Thailand on volunteerism as a national strategy for a whole host of social problems. Indeed, Thai officials see volunteerism as a key strategy emerging out of Thailand's preparations for an aging society, with the potential to serve as a model for other countries in the future. Re-examining the effects of this strategy's implementation given the prestige associated with volunteer activity and the import of status in the structure of social relations, several questions arise. Are increased volunteer activities a way for people to secure a stronger foothold in their communities, actually to change roles in some of

the social bodies in which they participate? Or is such work a fast route to “false face” – activities that are perceived as self-aggrandizement and that lead more often than not to the type of slander that actually can diminish one’s role? What types of power are actually conceded to those who provide care work in a volunteer fashion? Could the increased distribution of volunteers in a community change the functioning of the social body overall?

Of course, Thailand has been changing in more ways than simply an increased number of volunteers. Sanit himself saw the potential for change, and in fact advocated for social change in regards to the assessment of face. Rather than acquisition of property as a means of maintaining or protecting face, he recommended modesty. “We Thais should know *la `āi*” (embarrassment or shame), he wrote, claiming that modest behavior was in fact more in accord with *dharma* and thus would be a more appropriate coordinate of virtue. One can find a clear correlation between Sanit’s recommendations and the anti-consumerist ideology of the advocates of Buddhist-based social change I overviewed in Chapter 2. The diverse criteria and mixed reception of volunteer work in Thailand today then certainly blurs any clear answers to the questions above.

However, the two-fold meaning of the “social body” does better orient us to the presence of volunteerism more generally. In Chapter 2, Maw Fah related social harmony to a form of emotional support. Volunteers consider participating in activities together – often recreational, often religiously oriented – to be appropriate and beneficial, even if not directly related to the physical care of individuals. Combined with the logic of psychosocial support I drew out in Chapter 3, a phenomenological perspective on the social body allows us to see how the value of harmony can be internalized, embodied, and promoted among others as a practice of care.

Moreover, the socializing activities organized for volunteers themselves are a prime way of influencing the “social body.” The resources government organizers (and civil society groups as well, for that matter) dedicate to volunteer gatherings, rather than a waste of resources or an example of corruption, as some claim, may best be considered a means of promoting cohesion and solidarity: caring for those who serve others, and possibly providing a forum in which forms of governmentality are actually embodied as well.

Protest and change, from the nation to the bedside?

The discourse of harmony and unity is a familiar one in Thailand. Nevertheless, social and political protests have been sweeping through the communities in which I worked. The political landscape has been set ablaze in recent years by the ousting of popularly elected Prime Minister Thaksin Shinawatra and the power struggles represented in the 2006 military coup that deposed him, as well as the mass political demonstrations that both preceded and followed this event. Although the ultimate consequences of the unprecedented increase in volunteerism nationally as well as the polarizing political developments of recent years is impossible to evaluate at this moment, the volunteers themselves become an interesting angle into these larger social questions. In the next chapter, I will allow them to do precisely this, as I ask: Do the strictures of the social body bind people against their will? Do the recent large-scale political protests indicate a change in the nature of the social body? Do advocates of democracy envision more distributed leadership? And if the social body were to change form, how might care therein be enacted?

The underpinnings of the social body – physical, spiritual, metaphorical, phenomenological – I have provided in this chapter allow a more nuanced appreciation of what is at stake in the social world in the context of “crisis” and “change,” whether political or demographic. But even more so, we have opened up the parameters by which we can claim that the political is personal. The discussion to follow regarding theodicy and structural violence has at its root a concern with the effects of the larger social context on caregiving in all realms, even in its the most intimate forms.

So with this background on the social body, I turn to the body politic.

Chapter 5. Theodicy, Structural Violence, and Demographic Change
in Thailand's "Aging Society"

Having in the previous chapter suggested that care at the social level parallels care between individuals, this chapter seeks to play out the ramifications of such a contention. What is the relationship between state propaganda, religious ideology, and people's lived experience as caregivers in these various contexts? And what does this tell us about the nature of change in Thailand's "aging society"?

As discussed in Chapters 2 and 4, elements of religious ideology infused in the Thai political structure serve to legitimize and propagate particular sets of power relations. In turn, these patterns can be understood to exclude and oppress portions of the population. In Chapter 2, I reviewed the place Buddhist clergy hold in Thai society and discussed the appropriation of certain aspects of Buddhist religious ontology in the political sphere – in particular, the unassailable knowledge of "truth-beyond-truth" that certain people (religious and lay alike) can claim to advance their agendas. In Chapter 4, I traced the phenomenological and symbolic roots of this social structure – akin to a collective body in which differentiated roles operating in harmonious equilibrium are necessary for the "health" of individuals as well as the group – and argued that care of this "social body" often includes the reproduction of hierarchy and the justification of unequal power and resource distribution.

In this chapter, I will take a closer look at issues of structural violence raised by such an account of Thai society. Notions of merit and karma raised in Chapter 1 return to the fore, as a

reliance on karmic transformations effected by care practice is also often indicative of a lack of agency in political and social realms. Harmony – with both perceptual and ideological bases – will also be of key concern, as it informs the manners in which people give and receive care, even if at the expense of personal welfare. Thus I ask, do the strictures of the social body bind people against their will? Do the recent large-scale political protests indicate a change in the nature of the social body? And if the social body were to change form, how might care therein be enacted?

I begin with an encounter between volunteers for the elderly in Chiang Mai, which sheds light on the lived experience of political tensions and opens up a series of questions about the nature of social changes afoot in the country today. I move on to examine strands of Thai theodicy through an exploration of popular depictions of karma and predestined social roles. What emerges is a pattern of debate *within* Thai Buddhism that has been documented for decades. A broad definition of caregiving thus provides a handle not only for assessing underlying currents to some of the larger population trends – aging populations, volunteer movements, and political protest in Thailand – that have of late received so much national and international attention, but also for understanding how they have mattered for the people with whom I worked.

My work shows people negotiate and compromise rather than blindly follow, that they understand structures that bind and nevertheless use them to give and receive care. As Craig Reynolds has pointed out, while “there is something hegemonic about Thai national identity...to attribute the construction of Thai identity entirely to cultural programs of the Thai state is to

subscribe to the theory of false consciousness” (Reynolds 2006, 272-3).¹ Ultimately I argue that, at some level, many Thai people – and really, many people the world over – are complicit with the powers that oppress, and the reasons for this complicity emerge only from a closer understanding of local moral worlds.

SOCIAL CHANGE AND THE SPECTER OF A MULTI-HEADED MONSTER

Reds and yellows and shades of gray

Meeting early one morning, I quickly realized that this particular interview with Boonsii* would be a semi-public affair. I could see a group had already gathered inside, as she led me up the stairs of the concrete slab hut that served as her community group’s meeting place and bakeshop. What I did not predict was the lesson I was about to receive on political discussions in this urban village.

A born activist, Boonsii had a master’s degree in social science and was a clear leader in her small slum village in Chiang Mai city. It was a linear community, with dwellings built in a line along the remains of an ancient outer wall of the old Lanna capital. As city planners began to eye the wall for possible restoration as a tourist attraction, the community faced increasing threat of eviction and Boonsii was tireless in her efforts to make a case for their rightful occupation

¹ “Many of the more than 65 million people living in Thailand have notions of Thai identity in their heads, and the last question we might raise here is how this notion came into consciousness. One theme evident in this discussion [throughout his recent monograph, *Seditious Histories*] is that there is something hegemonic about Thai national identity. The meanings of Thai identity, in other words, are given to consciousness by those in power, by ruling elites, and by state managers, and much academic research by social scientists within Thailand over the past two decades has been devoted to exposing the character of hegemonic practices that have resulted. While there is plenty of evidence to show how the hegemony of Thai national identity has operated since the late 1930s, more attention might be paid to the implications of the proposition. To attribute the construction of Thai identity entirely to cultural programs of the Thai state is to subscribe to the theory of false consciousness...” (Reynolds 2006, 272-3)

(and in some cases, ownership) of the land. The small hut where we seated ourselves, among a group of several other “elderly volunteers”, was a case in point: there an engaged group produced branded local products, including baked goods and artisanal crafts, for sale in the popular walking street markets in town. This was an “income generating project” supported by a local NGO geared to help the community’s older people sustain themselves, as well as an opportunity to cast its members as traditional Thais with inherent cultural value.²

Boonsii and I sat across from one another near the open-air window. To my left sat Serm*, a quiet older man around 80 years old who took a low profile in community affairs but was often present and supportive from the sidelines. To Boonsii’s right sat Adele*, a stout woman in her mid-seventies who was particularly active as a volunteer for older people in the community. And on the floor sat Madge*, a poised middle-aged woman who ran the bakeshop. Boonsii herself was only 57, but took her place as a village elder and leader among volunteers for the elderly, among other projects. That I, a foreign researcher, was singling her out for a formal interview added an extra boost to her status in the room, and I dutifully took on my role with all the corresponding postures of respect and deference required.

We covered many topics over the course of nearly three hours together that morning. She talked about her mother and her family history, the death of her father, the birth of her children. She told me the story of her divorce, and how that heartbreak led her to practice meditation and fight for the betterment of women’s lives in general. We discussed the four volunteer groups

² In this regard, there are similarities between this group and the community of Pom Mahakan in Bangkok, which has been the subject of Michael Herzfeld’s work in Thailand for many years. (See Herzfeld 2012 and 2010.)

with whom she worked for the rights of women, the elderly, children, and the poor. She talked of the plight of the elderly people who she visited regularly, and Serm and Adele joined in with their own experiences. Boonsii echoed what were by then familiar NGO themes, including the importance of working with and through local groups and the need for trust among participants. Everyone seemed to agree, just as everyone seemed to join in her passionate response to the mounting pressures on their community.

Boonsii appeared in many ways like a voice for grassroots organizing, a champion of the poor and the underserved. But her position in the larger frame of current events became clearer as our discussion ventured into the uncharted waters of Thai politics.

It was August 2009. The “Yellow Shirt” protesters (the “pro-royalist” People’s Alliance for Democracy, or PAD) had nearly a year earlier taken over the international airport in Bangkok, eliciting the scorn of many Thais for the negative economic consequences and the national embarrassment it caused. In the intervening months, the “Red Shirt” protesters (most readily aligned with former Prime Minister Thaksin, though their United Front for Democracy against Dictatorship (UDD) include members unaligned with Thaksin) had proven their steady support among the country’s poorest regions, despite violent repression that had hit a fever pitch in April 2009, just a few months prior. (Of course, more violence was to come. The events of April 2009 would pale in comparison to the brutal scenes reported from Bangkok in May 2010.)

Although tempting, it is impossible to understand the division between these groups purely along economic lines.³ The majority of PAD supporters were fabled to be among the middle and upper classes, but you could not assume based on class where someone's political affiliations stood. I worked with many people living in extreme poverty who agreed wholeheartedly with government-sponsored television programming and warned me repeatedly of the dangers of venturing too close to the Red Shirts and their protest sites.

As for NGO workers, the picture was equally jumbled. Many of the educated grassroots activists with whom I spoke refused to take sides, claiming a middle ground that rose above the power politics saturating both “red” and “yellow” movements. Some NGO leaders, particularly those with international affiliations, were long-standing Democrats and remained both disgusted with Thaksin and committed to obliterating “red” influence in politics, even at the expense of media freedoms. Admittedly, I was taken aback by this stance at first. Over the years, I had come to associate NGO work around the world with participatory action politics, assuming that such ideals would predominate among staff in this sector.⁴ I came, however, to understand that there was a widespread presumption, even among some of those working most stridently for the rights of the poor, that Red Shirt supporters had been “brainwashed” as a result of their poor education; in turn, it was only through paternalistic re-education and control of media sources that the

³ Indeed, a main aspect of the current political turmoil in Thailand seems to be a struggle not between rich and poor, but rather between elites – various royalist networks on one end, and a variety of business and provincial power-brokers on the other (see Glassman 2011 for a review, McCargo 2005 for another angle). This then is integrated with the class-based conflicts involved.

⁴ This perspective is prevalent in global public health rhetoric, where NGOs are often considered allies of the poor and underserved; however, it is also often true that global public health promoters collaborate with autocratic regimes and/or engage undemocratic processes in the quest for health equity.

country could get back on track.⁵ Nevertheless, although this perspective was common, many of the field workers on the ground in Chiang Mai had Red Shirt sympathies, and I found many Red Shirt supporters among the volunteers for the elderly with whom I worked most closely. I knew, for instance, that Adele was a member of the Chiang Mai 51, a vocal and aggressive Red Shirt coalition in town. But it became apparent in our small group that morning that Boonsii was not of like mind.

Boonsii sparked things off by saying that grassroots organizers were against red/yellow divisions. She felt that these sides were selfish and left the most vulnerable groups to suffer the most. She claimed there was no quality or clarity in the leadership, and they “want[ed] to make grey in the land” with color-coded politics that strive to “change the rules” of the political game.

I began to feel some bristling when Boonsii went on to claim that people do not understand the way things work, and that they follow Thaksin because of his use of the media as a power weapon. Adele began to counter with examples of media outlets that do not speak of or for Thaksin, but a back and forth was soon cut short. Madge, from her position on the floor, simply suggested quietly that if we talked too much, it would certainly get too hot in the small room. And with that reprimand, Adele pushed back ever so slightly from the table. She sat,

⁵ The UDD red shirts had one central demand from 2008 to 2011: the dissolution of parliament and the holding of new elections. Opposition to such a vote was fueled by a distrust of popular sentiment. In an article published on the heels of the violent government crackdown on protesters in Bangkok, May 2011, the geographer Jim Glassman captures such a sentiment in a quote from a PAD supporter who participated in the 2008 airport takeover: “Rural people have good hearts but they don’t know the truth like we do in Bangkok. It is our duty to re-educate them” (Bloomberg.com, 1 December 2008) (Glassman 2011, 43). Nevertheless, political conservatism is not synonymous with neoliberal economic reform efforts as is often the case elsewhere. There is a strange mixing of bedfellows in the political factions in Thailand today, with “revolutionary” figures of the red shirts seeing freedom and progress in consumer-based systems of development, while political conservatives echo global activist rally cries against capitalism and its motives.

upright but silent, for the remainder of our strained conversation. Boonsii retook the reins, and held court so to speak, free now to voice her opinions without interruption. I noted Adele's legs shaking a bit, and once we had spent an appropriate amount of time on less controversial topics (including the delicious quality of their baked goods), the meeting disbanded.

The changing shape of the “genius” body: a multi-headed monster?

It is my sense that Adele's bristling represents a new role in social relations. Although not completely transformed, the Red Shirt movement may be a model for people to voice their complaints where previously they may have held silent.⁶ Regardless of whether or not this is the case, there is a loud and clear call coming from Central Bangkok for “unity” in response to possible changes afoot.

In August 2011, the following headline appeared in the English-language newspaper, *The Bangkok Post*: “Ruling Democrats Urge Public to Observe King's Concerns for Unity.”⁷ The column recounts “His Majesty King Bhumibol Adulyadej's concerns regarding the lack of unity and cooperation in society” and the then ruling Democrat Party's hopes to use the Parliament as a means to increase solidarity and squelch “undesirable movements” in the country.⁸ Chief of course among their complaints were the actions by the UDD Red Shirts, including a plan for

⁶ Rural etiquette might be a factor here as well. Certainly Northern “country” people do not stand on airs in the same way that urban and central Thais generally do, and there may be a mixing of patterns occurring within these political affiliations. What's more, it is important to note that although protests provide a forum for complaint, both Yellow and Red gatherings were remarkable for their peaceful and jovial feel – with music, markets, and meals shared in good spirits.

⁷ August 23, 2011. (<http://enews.mcot.net/view.php?id=11460>)

⁸ As the article reported, the spokesman for the Democrat Party was clear: “Every political party must help reduce social conflicts because the country will be at a dead-end again ‘if politics is played outside Parliament.’”

supporters to dress in black on the upcoming birthday of Privy Council president General Prem Tinsulanonda and the circulation of a petition to impeach Prime Minister Abhisit Vejjajiva.⁹

Also in August 2011, Her Majesty the Queen created a slogan for National Mother's Day (August 12), on the theme of unity.¹⁰ As translated on the Australia National University's Southeast Asia blog, *New Mandala* (August 4, 2011), the slogan reads:

*Thai national anthem reminds Thais, day and night
To always remember that
For Thailand to continue to exist
Thais must adhere to unity.*¹¹

The exact wording for unity is *sāmakdī* (สามัคคี), which can also be translated as harmony or community spirit. Yet another reminder that Thais are meant to “love” harmony and unity; and in order to care for the nation, people must play their particular role as part of a larger whole (as discussed in Chapter 4).

What are we to make of these calls for unity? In August 2011, the time of writing, the first female Prime Minister – Yingluck Shiniwatra – was elected. She happens to be the sister of ousted Prime Minister Thaksin Shiniwatra, and her party (*Puea Thai*) explicitly has said they are the voice piece of the former PM. Certainly this elected leadership is not who the ruling elite

⁹ On Gen Prem's birthday in August 2009, not only did Red Shirt supporters dress in black, but I heard tell of full length funeral proceedings held for him in Chiang Mai, a powerful ritually fueled symbolic gesture, akin perhaps to burning him in effigy.

¹⁰ The saying will appear in the book *The 2011 National Mother's Day*, published by the National Council on Social Welfare of Thailand under Royal Patronage.

¹¹ See <http://asiapacific.anu.edu.au/newmandala/wp-content/uploads/2011/08/Slogan.jpg>

would have in charge.¹² As has been the underlying current to complaints against Thaksin, many find that he and his “cronies” have claimed more “face” than they deserve. That is, they have taken the helm from those who should rightly rule. (The PAD, for example, proposed a “New Politics” system in which 70% of officials would be appointed rather than elected – following the logic that those who are so positioned in the social body should continue to determine society’s moves.) It is as though, to those who still believe in the old “genius of Thai society,” what has emerged with the Red Shirts and their calls for redistribution of resources is a monstrous social body, one with multiple heads.¹³

So are such central calls for unity one in a long line of *imposed* efforts at social order? That is, are “harmonious social relations” at root a hegemonic strategy for oppression? Do we thus see oppressive state tactics finding their way into the most intimate of social relations, as evident in perceptions of the social body recounted in Chapter 4 and the logic of psychosocial support recounted in Chapter 3? Or, are these calls for unity yet another attempt of the state (or state actors) merely to *capitalize on* or otherwise *manipulate* existing social forms in the name of care for the nation through the maintenance of the status quo as well as the continued dominance of the few over the many?

¹² Indeed, there was great tension before Yingluck Shinawatra was confirmed as PM, as people worried that there would be a judicial ruling declaring the election invalid or some other attempt to counter the election results.

¹³ Taking this allusion to the lernaean hydra to the extreme, it might seem that those in the “old guard” who repeatedly condone violence against protesters believe it necessary to cut off all these new heads (that is, all those red-leaning elected leaders and local would-be leaders) to kill the beast.

Same shape, different head?

A recent piece by the geographer Jim Glassman provides some useful analytical propositions to help ponder these questions. In “Cracking Hegemony in Thailand: Gramsci, Bourdieu and the Dialectics of Rebellion,” Glassman offers a “Gramscian’ reading of Bourdieu,” in which he sees in the dispositions of Thai *habitus* both the embodiment of domination as well as the means and modes of resistance (Glassman 2011, 34).¹⁴ He draws on Marxist-feminist scholars of Thailand to differentiate between various types of dispositions, including: “dispositions of acquiescence (unquestioning support for the system with little sense of personal empowerment), accommodation (belief in the system with a sense of empowerment to act within it for personal gain), alienation (mistrust or rejection of the system with a sense of powerlessness to change it) and resistance (rejection of the system as unjust with a sense of ability to change it)” (Glassman 2011, 35). Via Piya Pangsapa’s work, Glassman highlights accounts of accommodation and resistance in Thai women workers; in Mary Beth Mills’ work, Glassman sees in worker consumption patterns the “quest for a worthy social status...as much of a motivation for many workers as the quest to resist direct exploitation in the workplace” (*ibid.*, 36).

Glassman’s main point is to provide a “discussion on the phenomenon of broad political resistance to royalist hegemony among rural Thais,” despite widespread participation in the

¹⁴ Glassman quotes Bourdieu from *The Logic of Practice* to underscore the embodiment of oppression evident in dispositions, in *habitus*: “The conditionings associated with a particular class of conditions of existence produce *habitus*, systems of durable, transposable dispositions, structured structures predisposed to function as structuring structures, that is, as principles which generate and organize practices and representations that can be objectively adapted to their outcomes without presupposing conscious aiming at ends or an express mastery of the operations necessary in order to attain them. Objectivity “regulated” and “regular” without being in any way the product of obedience to rules, they can be collectively orchestrated without being the product of the organizing action of a conductor (Bourdieu, 1990: 52-3)” (Glassman 2011, 34).

production and propagation of such hegemony in the recent past (Glassman 2011, 36). He traces how the development of capitalism was intertwined with the rise of this “royalist hegemony” – and cites the fall of the Communist Party of Thailand as a moment when social cohesion seemed to fuse with the royally led capitalist transformation of the country. For Glassman, it is the uneven development (inevitably) produced by deepening capitalist development that is breaking the system now – as if, in terms of the social body, various parts are too polarized, the roles of the poor and of the rich too far apart now to function under the auspices of a united whole.

Yet Glassman also draws attention to another key aspect of the current political turmoil that is a recurrent theme in analyses of Thai religion and society. Here we can see a struggle not (only) between rich and poor, but among elites – with various royalist networks on one end, and a variety of business and provincial power-brokers on the other (see Glassman 2011 for a review). Thus there certainly is another interpretation possible for the materials Glassman presents. In the wake of financial crisis in Thailand, Glassman describes how “the royalists counseled neo-liberalism for the village, with ideologies of Buddhist Economics and Sufficiency Economy being preached to villagers from the royalist heights (Glassman 2008; Pasuk and Baker, 2000)...but TRT [*Thai Rak Thai*, Thaksin’s party] offered another option – state counter-cyclical economic spending and promises, however unrealistic, of opportunities to make oneself rich like Prime Minister Thaksin (Hewison, 2008; Somchai, 2008; Pasuk and Baker, 200[4]:99-133)” (Glassman 2011, 39). That the majority of rural poor have chosen the TRT vision is clear. But where Glassman sees a complete cracking of the overall social system, it is possible that familiar forms of attention to and care of the social body remain intact. The social body still maintains differential positions in society. Thus questions remain. Are Red Shirts simply

demanding a leadership change? Are expectations of leaders changing? Is the entire differential structure shifting?

Throughout my work in 2008-2009, I did not see much evidence of radical shifts. Yet there were alterations in expectations in so far as people were clearly making demands for greater access to financial capital and calling for fair political elections; and, admittedly, dispositional changes can be subtle – and acquiescence, accommodation, alienation, and resistance can look very similar on the surface. In the remainder of this chapter, I will focus on dimensions of these struggles closest to the experience of the caregivers with whom I worked. Caregivers themselves continue to provide examples through which we can understand political change, while caregiving in general remains the gloss of a common logic of providing for others on multiple scales. What emerges is a depiction of the depth of enmeshment of state and social practices in people's most intimate experiences – and a pattern of debate that precedes the current political turmoil by decades.

PREDESTINED ROLES AND KARMIC JUSTIFICATIONS

Even as political turmoil reaches a boiling point, the tasks of daily caregiving cannot be ignored. Aom and Ying, perhaps the most active Red Shirt supporters I knew closely, were also the most physically tied to their home and their care duties. With their mother, Tatsanii, in a coma, they relied mostly on internet print outs, the radio, and cable TV to stay connected to the movement, rather than on direct participation in the host of rallies and gatherings they longed to join. Yet their absence in the rank and file speaks not only to the hidden sympathies

unrepresented in public demonstrations – it also parallels the invisibility of care work in societies around the world.

Common themes have emerged from care work scholars working all over the globe. Providing care – washing bed sheets, cleaning wounds, changing diapers, making food, and so on, and so on – has serious economic and social consequences.¹⁵ Caregivers frequently have to forego paid work, miss career advancement opportunities, or incur heavy financial burdens for augmenting their own time away with paid help. This is in addition to the physical toll on their bodies, among many other issues. These burdens are generally not recognized directly by social welfare schemes or in public assessment. Gender is a major factor in this invisibility. Women make up the majority of primary caregivers in family settings, as well as in auxiliary healthcare settings. And in various ways, care is feminized, naturalized as “women’s work.” In turn, the professional, physical, and financial burdens are similarly naturalized or otherwise made invisible.¹⁶

The personal is political, and the political is inevitably personal. The remainder of this chapter provides a view into *how* invisibility is justified and burden maintained in urban Thai contexts. While the questions at the macro-scales remain, micro-level details help to calibrate the discussion in terms of lived experience and all that is at stake in claims of larger-scale revolution.

¹⁵ For important reviews, see Boddy, Cameron, and Moss 2006; Gordon, Benner, and Noddings 1996; and Meyer 2000.

¹⁶ See Inhorn 2006 for a more general discussion of the imposition of health concerns on women’s bodies, invisibility, tropes of normalcy, and caregiving priorities.

“Real Life Dramas 84000”

I cannot recall the first time I saw the nightly television series “*Real Life Dramas 84000*” (*lakhōn chīwit čhing chut* ละครฐีวิตจริงชุต 84000)¹⁷, but I certainly had many opportunities to watch it whenever I happened, over the course of my research, to be visiting any number of older people at 6pm. It is a captivating show. Airing on one of the main public television stations in the country, it is like a supernatural *America’s Most Wanted* – with actor re-enactments illustrating true stories of suffering as recounted by individual sufferers, who are themselves often in disguise or talking from behind a sheet in order to protect their identities. The host – a tailor-suited man bearing a strong resemblance to Geraldo Rivera – introduces and closes each episode. With a thick moustache and histrionic presentation style, he dramatically underscores for the audience the moral of each story and reminds everyone to tune in for the next installment.

Most importantly, at some point each night (generally toward the end of the episode), a monk appears and provides an evaluation of the events in terms of *kam* (กฐรม), or karma, somehow tracing the untraceable elements of cause and effect at work. Most often, the ill fate is a result of “fast karma,” through which seeds of action bear fruit in a single lifetime. Thus negative repercussions of particular misdeeds performed earlier in life are often shown to be the cause of the suffering recounted on the program.¹⁸

¹⁷ The numerical title is religiously significant: “The ending of ignorance is enlightenment, and that is the goal of Buddhist practice. The Buddha taught that there are many different Paths leading to it. As the Great Physician, he prescribed 84,000 antidotes for the 84,000 afflictions of living beings. All contribute to putting an end to our ignorance.” (<http://online.sfsu.edu/~rone/Buddhism/Inner%20Ecology.htm>)

¹⁸ Charles Keyes once noted that, “In popular Buddhism, that is, among practicing Theravada Buddhists, karma is invoked as an explanation of conditions that have emerged in one’s lifetime only on rare occasions” (1983, 265). It was my experience too that often times people would assume untraceable past lives were at the heart of their current experience (for better or worse), though this program clearly presents what may in fact be a growing focus on “fast karma.”

As described in Chapter 1, nearly everyone I spoke with about care for the elderly or care for those approaching death in Northern Thailand mentioned *bun* (บุญ) and *kam wēn* (กรรมเวร). Again, *kam wēn* or *kam* is most readily translated as fate or karma – with a particular focus on actions or the consequences of actions – though certainly not necessarily actions or consequences that take place in this lifetime alone. And *bun* is most readily translated as “merit” – again, that which accrues over lifetimes. In the broadest sense, these terms relate to a theory of actions and their consequences.¹⁹ And for most caregivers, particularly children caring for an elderly parent, the caregiving relationship was thought to be a case in which one’s fate was being played out. To be clear, these were people who were often receiving state-of-the-art medical care, who understood as well as any layperson disease categories and treatment protocols. And, although it is common for families to shield a terminally sick relative from their diagnosis and prognosis, I do not mean to suggest this karmic logic is a replacement for a biomedical framework; however, the *timeline* from illness onset to recovery or death, and the *severity* of suffering, is generally understood to depend on the merit of the ill person along with the karmic baggage of all those involved. Difficult caregiving situations might be the result of past misdeeds; by the same token, providing care is an important chance to accrue merit as well as to “use up” (*chai kam*) the ill effects of past actions. Thus the performance of care is somehow both the playing out of fate and an opportunity to effect change in fate as well. Thus the show, *Real Life Dramas 84,000*, resonated with many of the families I knew dealing with long-term illness.

¹⁹ The metaphysical basis of merit can also be understood to provide the basis of a Buddhist morality, with “merit making” ultimately a “profoundly ethical act” (see Wijeyewardene 1986, 50).

Sriwan, the woman discussed in Chapter 3 whose family shielded her from her terminal cancer diagnosis, watched the show nightly from her bed in her daughter's airy living room. Discussing the drama one morning, she surmised that the program could help you *tham chai* (ทำใจ), or ready your heart, for accepting what lies ahead. She claimed you could take the morals from the show and apply them to your own situation, and I got the impression she tried to do just that. She went on to mention “not getting angry,” “not reacting to the behavior of others,” and “not nagging” as key lessons from the program.

Although her eyes were often heavy with medication by the time the show aired in the evenings, one night as we watched she turned to me and, as if to prove the point of the show, pointed to her daughter-in-law, Jim*. Jim had recently been in an accident that had crushed her leg and forced her to use a cane. Sriwan said it was the result of karma. Jim soon came over to confirm what the old woman was saying: when she was around 9 years old, Jim had beaten dogs with a stick, and they both thought this careless and cruel action had resulted in the damage to her own body. I asked how she knew that past deed to be the cause, and Jim said she just knew in her heart that was the connection. This conversation immediately led to an even more intense issue, namely, the recent theft of a necklace from Sriwan's old house. The woman they suspected was a neighbor. They had not confronted her since the incident four months ago, and she still visited regularly. But their suspicions had been confirmed in their minds when, shortly after the robbery, the woman's husband was killed in an accident that cut off both his arms. “Fast karma” indeed.

Popular programming

Popular media programs like *Real Life Dramas* and *The Circle of Life* (a public channel news program that highlights the plight of a poor and abandoned older person in each installment) repeatedly came to the fore over the course of my research. For instance, people often referred to *The Circle of Life* as proof that Thai people are increasingly abandoning their elderly, “throwing them away” or leaving them to the subpar care of strangers. This critique emerged from cramped bedrooms of care providers as readily as from air-conditioned offices of eldercare promoters – despite reports from demographers that suggest there really has not been much change in the distribution of caregiving practices in recent decades (see Knodel 2009 for a review).

Although it is difficult to trace with any certainty the role popular media shows have in people’s social assessments and/or personal experience, their frequent mention indicates they do seem to hold a place in popular consciousness. Apparent in even a cursory analysis of this programming is the didactic portrayal of anti-social behavior and the active promotion of particular moral standards. Few would argue that people passively swallow media messages and simply take the opinions they express as their own, but it is remarkable how consistent certain channels are in their broadcasting. With the advertising budgets alone, both for products and political messaging, it seems at least some people are willing to bet that television programming can have certain predictable effects.²⁰ In turn, it is difficult not to make a connection between people’s viewing habits, their political inclinations, and their assessments of their stations in life.

²⁰ On August 26, 2009, popular political blogger The BKK Pundit reported the following: “In the last few days, AC Nielsen released a survey/report showing that in July the PM’s Office was the third largest advertiser in the media and in total spent 160 million Baht. This is double, the 76 million Baht, spent in June. In just two months, the PM’s Office has spent 236 million Baht on advertising.” And further, “This is just the advertising

Take Boonyuang*, for example. In her seventies, Boonyuang was primary caregiver for her 92-year-old mother, Grandma Maw. The two lived together in Chiang Mai's old city. Tucked behind a faux-stone façade house on a tiny alleyway close to the northern wall of the city, their wooden house was reminiscent of an old Lanna style dwelling – though instead of an open-air ground floor, the lower portion of the small framed house had been enclosed. Boonyuang rented the house proper to a family from Burma, leaving the cramped underside, with ceilings no more than five feet high, for her and her mother. Of course, Boonyuang was not much more than 4 feet tall, and her mother could not even sit up in bed, and so they got along without having to duck (unlike some visitors) as they went about their daily affairs.

Grandma Maw had been a vegetable seller, carrying two heavy baskets balanced on her shoulder with a long pole in the classic old style (*hāp* ท้าว) for decades, which led to increasing discomfort over the years. She was now largely deaf, nearly blind, and entirely incontinent, with excruciating pain in her back and no desire (or ability) to leave the house. She spent her days and nights in a donated hospital bed that took up the majority of the women's small home.

Boonyuang was her only child, and took on the responsibility of caring for her mother with resignation. Boonyuang herself had only had one child as well. That daughter tragically died in her twenties shortly after the birth of *her* only child. Boonyuang was then left with only one granddaughter, who lived a short distance away. Since she had long considered the girl's father a playboy, Boonyuang would often ride her bicycle across town to be with her granddaughter – perhaps in an attempt to dilute his influence, perhaps simply for the young company. Thus when

from one government agency and doesn't include all the advertising of government departments/ministries and of Bangkok Governor.”

I would come for a visit, I often found Grandma Maw locked up alone in the house, never quite sure if she could register my “call” through the small window.

One evening, I pulled my motorbike into their driveway and found Boonyuang at home. She greeted me warmly, saying she had been wondering if I was in Bangkok. (The chiding was gentle; it had been several weeks since I had been to visit.) I arrived around 5:30 pm, and she had been lounging, perhaps sleeping, in front of her TV. Grandma Maw was, as usual, in her bed. It was a hot night, and the old woman had her breasts exposed, with just a thin cloth vaguely wrapped around her waist. There was a faint smell of excrement, emanating perhaps from her diaper. She seemed a bit more distracted or confused than on other visits, and she did not seem to recognize me one bit. Boonyuang told her repeatedly that I was a foreigner, especially later when, as I was leaving, she remarked (to my great amusement) that I was not speaking very clearly. (These two women spoke almost entirely in Northern Thai, a language distinct from the central Thai that I am most comfortable with, though I did my best.)

I told Boonyuang I came over to watch *Circle of Life*, the nightly television program about destitute older people, but since that did not start until 7 pm, I wondered if perhaps the karma show (*Real Life Dramas 84,000*) was on instead. Boonyuang seemed relieved that I wanted to watch TV (rather than ask her a bunch of questions); perhaps she was also pleased that I just wanted to spend time rather than talk about and/or with the old woman. She had once laughingly characterized visitors by ethnicity to me – the Chinese, she had said, come over for 3 minutes and then go, in contrast to the leisurely chatting and just being of the Northern Thai, and I could only assume that a foreigner like me was more akin in her mind to the Chinese! In any

case, I followed her through the narrow path between a shelf crammed with a various assortment of supplies and the old woman's hospital bed looming in the center of their space, around the fan pointed at Grandma's chest, to a chair pulled up beside Boonyuang's queen sized bed, which itself took up the remainder of the room to the wall, painted blue and lined with pictures of her deceased husband and daughter, a few prominent monks, and a full poster of the King. (The bed was indeed an oddity in an old Thai home, but it had been her daughter's and it seemed a comfort to Boonyuang in more ways than one.) She lifted herself up onto the bed and took up the remote, and we settled in to watch.

Boonyuang knew the evening TV schedule to a T, and flipped with ease between the three main networks – though I got the impression she favored channels 5 and 7. Channel 7 was airing a Mother's Day special of a talk show. The host, dressed in white, was seated on one couch, two blind older people sat on another (the mom and the dad), and three women (the daughters) on a third. It was nearing the end of the program when we tuned in, so I missed most of the details, but it was clear that the story was one of intense suffering met by model filial piety (*lūk katanyū* (ลูกกตัญญู), grateful children caring for their ailing parents).

In summarizing the scene, Boonyuang echoed a sentiment I had heard over and over again: seeing people so much poorer and worse off than she was made her feel that things were not so bad for her. It was a compare-so-as-not-to-despair type approach, one I had heard earlier that very day from a nurse who spoke to me about how working with seriously ill and impoverished people made her feel better about her own life.

Finally, *Real Life Dramas 84,000* was on, and it did not disappoint. The story that night started with a young couple happily making merit at a temple, when suddenly the man of the pair dropped to the ground. In the next scene, the young woman is shown crying outside a hospital, telling her husband's mother the news of his brain aneurism. And in the final of these set-up scenes, both women are crying at his bedside – while in the corner, the viewing audience sees a green ghost of a boy about 7 years old.

The next scenes alternate between testimonials and reenactments. The actual woman, speaking from behind a scrim, describes her life as a widow; the next reenactment shows her leaving the funeral of her deceased husband. A childhood friend next accompanies her to consult a monk, who counsels her to perform a particular merit making activity. As she leaves the temple after performing the rite, the woman sees her husband's face in the sky. He is smiling. So, it seemed to her, the ritual worked and he was able to receive the merit she had made for him.

Unfortunately, this was only the beginning of her troubles. Four years after her husband's death, the widow is at a job interview when she awkwardly trips and falls just as the interviewer invites her to take a seat. The audience is able to see the same green ghost child run up from behind and push her over, causing the fall. Since the job was one that required great physical poise, she is immediately discounted. Next scene, she is crying with her friend and recounting how she had felt as if someone had just pushed her right over.

She and her friend decide to go to a Tarot card reader. A wind rushes into the room where the three are seated and blows some cards over (prompting me to ask Boonyuang again whether

this was really a true story, which she assured me it was). There again the green apparition is in the corner, and of course the fortune-teller can see him. She proceeds to ask the young woman some personal history questions, including whether or not she had ever had an abortion. (Cue dramatic music.) Indeed, unbeknownst to her friend, the answer is yes. So here we come to understand the reason for her karmic baggage: *bāp* (บาป, sin or wrongdoing) coming to fruition in this lifetime.²¹

With such insight, proper penance can occur. In the next scene, the women are dressed in white at a temple – this time, no monk seems necessary. The young widow is crying again and asking forgiveness from the child, who appears outside the temple window and eventually disappears. (The young widow could see the child, though the friend could not.) As per usual, a monk is interviewed. He explains the particular concept of karma at play, and how *bāp* has been turned into karmic effects in this woman’s lifetime. In the last scene, the young woman sits in a meditation course with other people clad in white, all atoning, one would suspect, for past misdeeds. And finally, as the full explanation draws to a close, we are back with Geraldo, the dramatic lighting and his soothing voice urging us to tune in again next time.

Boonyueng denied knowing anyone who had ever been through such an ordeal. But she again confirmed with me that she and her mother were using up their karma (*chai kam khōng mē læ khōng rao* ใช้กรรมของแม่และของเรา). It was, she was certain, her fate to provide care to the old woman – just as it was her mother’s fate to suffer as she did – and that only through such

²¹ Indeed, abortion is often the first issue dealt with in popular dime-store books on karma, to be discussed below.

struggles could they rid themselves of their karmic debts, whether from this lifetime or ones passed. So the moral teachings of the program applied in general.

Grandma Maw did not appear interested in the TV program, or our interspersed conversation. She seemed to be staring at the world outside the window, where an upstairs neighbor would occasionally appear to hang some clothes or pass by leaving for an outing. She would sometimes use her working arm to lift her inert arm up and down, an exercise she had learned from a doctor and which she performed for everyone who visited. And so she lay there as we spoke, using up her karma.

Everyday theodicy and the structures that bind

It is tempting to try to find a one-to-one correlation between Boonyoung's ideas and network television programming. After all, as we sat through hours of royal "news" coverage, she had parroted to me how soldiers loved the queen, how the South loves the sufficiency economy, and how the Red Shirt protesters were a dangerous lot. But this would of course be painting her too simply. She also despised the Crown Prince, a popular sentiment but one that would never air on the TV. And, like everyone, she was a complicated person with a long life history that colored her perceptions and crafted her movements – sometimes in line with standard expectations and sometimes not. What I will say is that this particular program, with its flashing 84,000 sign and monk-based authority, reflected a type of thinking and a belief framework that helped her understand each day how it was that she came to bend over the laundry buckets, lay out fresh sheets, and daily prepare sweet treats for a mother who was lost to much of the world but still quite present and demanding of her.

Although Buddhism is generally depicted as a deity-less religion, there is a working form of theodicy at play here for self-declared Buddhists like Boonyuang. Classically, theodicy is the religious or philosophical justification for evil given the existence of a just or benevolent god – or, more broadly, the rationale for why bad things happen to good people. Anthropologists and religious scholars alike have complicated notions of Buddhism in practice, bringing to the fore a host of spirits and other spiritual beings that function much like the Christian god does for believers. And although one could make an argument for the rise of “Protestant Buddhism” in Thailand, as Gombrich and Obeyesekere argued for Sri Lanka (1988), this is not my intention with the use of “theodicy” in this context. Rather, in this theodicy I find the cosmological roots of what can be considered predestined social roles. In this way, I take less from Leibnitz and more from Weber, “divesting theodicy of its specific roots in monotheism and using it in a wider sense as the problem of suffering in general and the social function of religion as legitimizing suffering and good fortune” (Obeyesekere 2005, 104).²²

As many scholars have surmised – Keyes, Gombrich, and Obeyesekere among them – Buddhist *karma* is not fatalistic. The whims of fate do not sporadically act upon the individual; rather, individuals reap the effects of various deeds performed over the course of many lifetimes. Yet in practice, with the elongated timeline – often spanning multiple lifetimes – separating deed from consequence, there was an edge of fatalism to my friends’ description of their situations. Suffering represented an embodiment of karmic consequences. Railing against fate was of little solace, and possibly a source of further humiliation. Attending to immediate needs, and performing ritual actions as possible, thus often became the focus for changing circumstances.

²² As another possible expansion of the term, see Herzfeld 1992 for a discussion of secular theodicy in relation to Western bureaucracies.

I must admit I was frequently moved by the consolation and acceptance this karmic framework seemed to provide. It seemed indeed to be a theodicy that inspired faithful direction of energy away from lament and toward a more positive acquiescence of life circumstances. Yet, at the same time, there was a traumatic edge to such acceptance that appalled me. Life circumstances were more readily traced to unknowable events rather than systematic inequalities and forms of societal segregation that limit individual's opportunities for advancement and access to resources. Through media programming, as well as a host of other means and modes, social norms seemed to have become concretized. The status quo naturalized. Supernatural repercussions – that is, the force of karmic retribution, untraceable by most – were often cited as the cause of woe for the poor and the suffering, and the threat of further negative consequences seemed to remain an effective barrier against activism for social change.

Of course, not everyone subscribes to the explanatory framework of karma, particularly as it is expounded in popular media outlets like *Real Life Dramas* or any number of the dime-store books on the topic (as I will discuss below). Some young people with whom I spoke in fact bemoaned the loss of karma: that is, they felt that older people held fast to a type of fatalism that allowed them a level of acceptance that they could not afford, as they struggled to make sense of tragedy or worked against the odds in the marketplace to get ahead. It is then tempting to presume a generational or an educational divide between those who do and those who do not ascribe to this type of theodicy. But in truth, such simple categorizations do not hold. These notions of karma are far-reaching and subtly pervasive, even in the midst of ambivalence or even disavowal. So rather than asking *who* “believes” what, I will instead focus on the messages as

they are propagated for popular consumption, having in the previous chapter discussed the larger systems of social ranking in which they arise.

Entertaining structural violence

One episode of *Real Life Dramas 84000* particularly piqued my interest because it dealt with a young person who goes back to her village to care for her ailing mother. I will here recount the story from the screen to illustrate the frustrating aspects of theodicy overviewed above and to open a discussion of structural violence in the context of caregiving.

The subject of the episode tells her story with her face hidden from view and her voice changed, to obscure her identity. She is a *kathœī* (กะเทย) or *ladyboy*: born male but living a female existence, using the female polite-participles and dressing in feminine clothing. We come to learn about the protagonist's struggles, and of course the karmic implications of her plight, through a tale laced with moral undertones and driven by a particular vision for social norms and the consequences of deviation.

What is ridiculously striking at first is the choice of actors in the re-enactment. A very masculine (particularly for Thai standards), stocky actor plays the lead role, with an awkwardly placed wig and a skirt worn to indicate the subject's chosen gender role. I will call her Madeleine.

Early in the episode, it seems a typical story of filial piety. Just as any dutiful daughter would do, Madeleine is shown lovingly preparing meals and tending to her mother's house.

However, Madeleine has been struggling to find a job, and soon the mood in which she performs her duties turns sour. In the middle of lunch one day, she receives a phone call: another job rejection. Once again, she has been rejected because they do not hire lady-boys at the establishment. In anger and frustration, she slams down the phone. And then she proceeds to mistreat her mother – yelling at her, turning over a plate of food, and eventually abandoning her to return to her own home in the city. Thus begins a series of misfortunes that plague her for the remainder of the program. In the end, we are taught that her mistreatment of her mother was the source of her woes: the relationship with her mother, carrying perhaps links to connections in previous lives, was the burden she had to bear and that for which she must make merit to atone.

As care work scholars have noted time and again, no mention was made of the consequences of caregiving on job prospects, and little attention was paid to the physical and emotional demands of providing for another. What’s more, no judgment was passed on the difficulty Madeleine faced based on the prejudice of others. If anything, her identity as a “lady-boy” was subtly cast as yet another negative repercussion of past deeds.

Directives from the dime store

The negative repercussions of these and other sorts of so-called “anti-social” behavior are a major theme in another popular media outlet: the bookracks at the local Seven-Eleven shop. Seven-Elevens seem to be on every corner these days, and traffic is heavy. Pailin Booknet is a major publishing house for this venue, and their slim paperback editions are updated regularly, with a seemingly endless supply of titles to grab your attention. Topics include herbal remedies, religious tattoos, Buddhist iconography, various supernatural issues, and, of course, karma.

When I found it on the shelf in 2008, *Čhaokam Čhōngwēn* (เจ้ากรรมจ้องเงา) was in its second printing. The title roughly translates as *Karmic Retribution*.²³ The cover art features two flower buds and a butterfly, with two faint imprints of the butterfly faded into the background, suggesting past and future lives just out of focus.

In a brief preface, the editor stresses the importance of such a volume. He warns that there will likely be a number of disturbances in society if people fail to teach their children and close friends about karma. Their “bad karma” will accumulate, to the point that the accumulation of “good karma” will be of no benefit. The solution of course lies in the pages of the book: these are tales one can pass along about the bad things that result from bad actions, teaching instances to help people see the truth and choose the right way.

The author’s forward is even more forceful. Like *Real Life Dramas 84000*, this volume purports to include only true stories, written in plain language for everyone to understand. In a classic statement of theodicy, the author (*Nop Nanthawan* นพ นันทวัฒน์) asks why is it that good people suffer? The answer: the result of past deeds, the workings of karma.

My personal favorite among these books is titled simply *Karma DNA* (DNA kam, or DNA กรรม, 2008). The cover is black and red, with the contours of a fingerprint ominously impressed upon the center. Its author, Rāt Rāman (ราช รามัญ), is also known for his investigative work into the supernatural, including a collection of stories from people who

²³ An alternate translation: *Damn Revenge*. The title also bears a great resemblance to *čhaokamnāiwēn*, the actual incarnation of a karmic presence, a person or ghost, etc., that plagues you

survived the 2004 tsunami only to experience brushes with the paranormal. In addition to its explicit admonitions for people to do “good” and avoid “bad” in order to have a serene and successful life, the book also underscores the unavoidable nature of one’s fate. Why are some people living a life of comfort and others, good people, left to trudge along as day laborers? The answer is simple: differences between people can be understood as an outcome of karma (see DNA 2008, 34).

This form of theodicy once again takes a turn toward structural violence in these pages.²⁴ As these popular books assert that individuals are to find the causes of their unhappiness in their own actions, they direct focus away from the external circumstances that systematically cause or increase the suffering of particular groups. Although the root actions are often untraceable, unknowable to all but a few exceptional spiritual consultants, they are often evident in one’s station in life. What’s more, the elongated timeline between misdeed and ill consequences means that a person need not directly transgress to suffer ill fate. It is completely plausible that a perfectly upstanding individual could be poor and unfortunate, based on past lives. Moreover, one need not measure “true status” based on education or household income and the like. Thus the poor and disenfranchised can take heart in their own clear conscience, trusting that the future will reward them, and resting assured that some of those who enjoy power and prestige in society will later be internally and externally plagued by sufferings due to their own karma. No recourse could or should be sought from the law. No restructuring of society necessary.

²⁴ As defined by Johan Galtung (1969), and made prominent more recently by Paul Farmer (1999, 2005), structural violence is a term used to describe the condition in which particular groups are systematically denied access to resources, institutionally excluded from full participation, or otherwise unequally partaking in social goods.

Ideologically then, social conformity can be understood not only as a roadmap for right and wrong, but also as a form of care: social dictates “provide for” individuals, protecting their karmic load and ensuring the means for their accrual of merit, just as harmonious participation in society “provides for” the individual as part of the group.

Debates about right and wrong

Most religious scholars would agree that “good” and “bad” find no place in the tenets of Buddhist philosophy in regards to the topic of karma. The complex workings of the karmic system are thought to be inaccessible by way of our worldly parsing of “right” and “wrong” to a large extent. But many of these dime-store volumes offer another perspective. From their vantage point, there are clear moral lessons to be told, in which specific actions lead to more or less specific outcomes. The first chapter of *Karmic Retribution* is a case in point: “Karma of those who have an abortion” takes a firm line that aborting a fetus necessarily leads to negative consequences.

Also evident in that text is a clear stance counter to the increasingly prevalent, more moderate positions taken by followers of Buddhadasa and other similarly progressive monks. This more cosmopolitan perspective suggests that Buddhist teachings can be read metaphorically – that, for instance, one might understand the law of dependent origination not as the laws governing lifetime to lifetime, but rather moment to moment (see Buddhādāsa Bhikkhu, 1992, for a primary example).²⁵ In this way, one might see “hell” as a caution regarding negative mind states, rather than a physical place reserved for punishment in the afterlife. In the introduction to

²⁵ This is not to suggest that what a characterize as a more “cosmopolitan” or “progressive” view is more recent or less authentic – perhaps quite the contrary on both counts.

Karmic Retribution, the author emphatically dismisses such a perspective: “Heaven and hell do not live in the heart alone... they are real.” It is a strong warning, and the chapters that follow give readers much to consider.

These debates are not new. And they are not just evident in the pages of dime store karma books and the sermons of intellectualist monks. In his 1986 monograph, *Place and Emotion in Northern Thai Ritual Behavior*, Gehan Wijeyewardene recounts public confrontations from the 1970s and 1980s that echo the controversy of whether or not certain metaphysical contentions are to be understood literally or metaphorically.²⁶ In the present day, advocates of the “smart merit” campaign described in Chapter 2 take a particular side in such a debate. Conservative Buddhist thinkers confirm the “other-worldly” orientation of popular Buddhist practice. Followers of Phra Paisal, on the other hand, can be seen in line with the ideas of Buddhadasa,

²⁶ Wijeyewardene chronicles three very public attacks made by a former police officer turned monk, Phra Anan, in the early 1980s. In his campaigns against corruption from his place in robes, Phra Anan took on Suchart Kosonokitiwont, Bodhiraksa (head of the Santi Asoke movement), and Buddhadasa. Phra Anan then represents the flip side of what I label the “cosmopolitan” argument found in contemporary manifestations – most relevantly the “smart merit” campaign in line with Buddhadasa’s central claims. Phra Anan used scriptures to defend what Buddhadasa would claim as superstition. As Wijeyewardene puts it:

“[Phra Anan] defends the alliance of Church and State, its conservatism and the popular practices which protect it and give it stability. ... Thai Buddhism cannot be seen as a technique of individual salvation for an elite. Nor can it be considered merely the trappings for techniques concerned with the acquisition of power. What emerges, on the contrary, is a sociological view of religion and ritual, of politics and social relations. Things are as they are because they are conducive to the orderly conduct of social and political relations. To change things, to preach heresy under the guise of promoting individual salvation is to threaten this orderly conduct. This is an elitist view, because it implies that the majority of the population, in the pursuit of their own religious ends, contribute to the maintenance of a system they may not fully comprehend. This elitism is, however, very different from that of the ascetic monk, Bodhiraksa, and the intellectualist, Buddhadasa, who in their different ways would remake religion to suit the needs of a small middle-class minority” (Wijeyewardene 1986, 31).

Wijeyewardene claims that scholars like Niels Mulder and Stanley Tambiah, who praised Buddhadasa as an important figure and unmatched intellectual in the Thai Buddhist world, were “too eager to take sides in what is essentially a Thai Buddhist dispute” (*ibid.*, 22).

tracing the import of Buddhist teachings and popular practice for present world realities rather than relying on “superstitious” or “magical” transformations across lifetimes.

Thus we can see these tensions play out under the surface of the pro-social act of volunteering. Some promoters of volunteer activities see it as a means by which people can engage in religious action via physically instrumental supports to others. Other volunteer activities are more rooted in the presumption that ritual action is of great benefit – perhaps emotionally, but certainly also instrumentally on another plane of existence.

With these debates in mind, I return to the questions motivating this chapter and its stories.²⁷ How are we to understand the relationship between the state propaganda, religious ideology, and people’s lived experience of care? From what vantage point must we look to find and decry structural violence?

FINDING A VIEW FROM NOWHERE

How are we to understand the lived experience of those who think in terms of “fast karma,” who find solace in the logic of karma, who consider merit making a deeply ethical act? Without the aid of direct proclamations from so-called informants, how can we make sense of sociological conditions without reliance on a scholastic form of “truth-beyond-truth”?

I am led to conclude that though there is systematic disenfranchisement, ultimately everyone is complicit in the ties that bind. As I reviewed in the previous chapter, hierarchy is

²⁷ Such divergent views confirm, as Fredrik Barth (1987) suggested, that it is a set of arguments, rather than consensus, that constitutes a culture or a field of discourse.

meted out in individually embodied behaviors as readily as it is preached in state-sponsored propaganda for unity. Yet these dispositions are not inherently oppressive. Resistance does not require radical alteration of being.

But the pivot required to cast off oppression has a price. My own work echoes

Wijeyewardene's when he wrote:

Clearly some Thai see their religion as a philosophy of individual development and salvation. They may reject much of the paraphernalia of spirit propitiation as so much mumbo-jumbo, and may even agree with Buddhadasa that alms-giving is some kind of confidence trick perpetrated on the populace. But for the majority, at every level of the society, there can be little doubt that participation in the religious life is affirmation of membership of Thai polity and society, and that all activity, however secular it at first sight may appear, is never too far away from a religious interpretation. (Wijeyewardene 1986, 32).

Wijeyewardene goes on to suggest that ritual in Thailand is not merely perfunctory: emotional wellbeing comes from its practice. Similarly, spirit mediums and various forms of recourse to deities as a source of support and patronage provide a known system of support. Following suit, it is my contention that what matters most to the people with whom I worked – including caring for others, performing meritorious acts, and maintaining harmony in the social world as a means to both – is most easily pursued following well worn paths. Thus the variables for promoting and/or assessing social change are overlapping and interlocked.

Patronage

One afternoon, after a morning packed with meetings with Chiang Mai University's medical faculty, a friend and I drove Somkiati* – a community health doctor turned government official – to the airport for his flight back to Bangkok. Traffic was heavy, and what began as

small talk soon developed into a more serious discussion. With decades of experience, he offered insightful reflections on the changes he has witnessed in healthcare practice in communities across Thailand. His view is certainly not from nowhere: after years as a hands-on practitioner, he now travels the country as a senior official in the public health ministry. Nevertheless, his particular angle on healthcare development – both in terms of professional and volunteer care – not only provides an overview of the structures of care, but also resonates with the experience of caregivers in my research in homes in Chiang Mai.

We began talking about the “rights” focus of caregiving environments these days. As the recent passage of a Patient’s Bill of Rights is transforming the legal framework of care, particularly in hospitals, Somkiati sees largely negative effects. As he sees it, the formal arrangements enforced by such a rights-based approach have affected doctor patient relationships: whereas in the past doctors would do things for patients because they felt sympathy for them, now they are overworked and stressed and, in the face of patients proclaiming their right to care, they take a stand for their rights as doctors *not* to do certain tasks.

A familiar notion of “consideration” emerged in our discussion as a presumed motivator for care. Just as Brapin, the volunteer for older people discussed in Chapter 2, thought it necessary for a volunteer to feel pity (*songsān*, สงสาร) in order to be moved to help another (less well off than themselves), Somkiati too agrees care requires what he calls in English, “sympathy”: a term akin in Thai to *songsān*, pity, combined perhaps with understanding (*khao čhai* (เข้าใจ)). Somkiati went on to say he felt that rather than create a more egalitarian system, these changes were making hierarchy “worse.” That is, patient perspectives are increasingly not

taken into consideration, as medical training continues to emphasize technological interventions, and rising opportunity costs make physicians disregard community work in favor of higher paying jobs in cities.

A similar perspective emerged in Somkiati's views on volunteerism. As we took up the topic of the *Aw Saw Maw* (อาสาสมัคร), public health volunteers, Somkiati spoke in terms of the "Thai patronage culture" to make sense of their success. The program gives volunteers a connection with the government, which he said gives them a "little social status boost."²⁸ In general, he claimed that others would find such a connection a reliable source of status, though when pressed, he did admit the opposite could be the case (if, for instance, a volunteer was perceived as fame mongering or ladder climbing). Nevertheless, he could cite many people who claimed great benefits from the program, with many village headman and district leaders having risen from the ranks of *Aw Saw Maw*. I got the sense then that volunteering was like a potential lottery ticket; though not everybody can cash in, those who can make a killing.

Of all the volunteer groups, *Aw Saw Maw* conveys the greatest status. It is impossible to judge whether Somkiati is out of touch in terms of how ordinary people appreciate the information and services these public health volunteers offer these days – my research suggests it is a mixed reception at best – but certainly as the program has developed into an institution, the system itself has the capacity to create status markers within its organization, and increasing responsibilities and benefits flow therein. There is now a chief at every level – and if you hold

²⁸ This seems to have particularly been the case in the early years of the program, when such a connection provided people with special healthcare access and the program was a vital link to health information and other resources.

such a position, you have direct contact with chief medical officers, you are often chosen as the provincial representative to go places for conferences, and so forth.

Implicit in this “patronage” view is the idea that with greater social status can come an increasing capacity to care for others. The recent shift for the government to *pay* the *Aw Saw Maw* volunteers seems to Somkiati a case in point. After 10-15 years of lobbying, the higher ranks of the *Aw Saw Maw* finally had enough political clout to secure funds for their fellow volunteers – and in turn, volunteers (again, particularly in rural areas) will pass the care along: “if they can help, they will do it.”

We can, and should, understand this as a conservative view of Thai society.²⁹ But the notion that the “pitiable” have some recourse to the patron system has deep and pervasive roots. The political is intertwined with the social and the religious; in turn, there are philosophical as well as the practical barriers to casting off the paternalistic elements of this system.

Again, I return to Aom and Ying for another perspective on patronage. After two years of hunching over their mother’s air mattress, lifted only about one foot off the ground on a plywood base, they got a new bed. It was a hospital bed, with easily adjustable sides and enough lift to bring their mother’s body up to chest height. No more back breaking bending. The difference was life changing.

²⁹ Reeler (1996), for example, offers possible modes of empowerment in changing healthcare relationships; in a similar vein, Wheeler (2000) provides a more cynical view of patronage and the healthcare system.

Such a bed was prohibitively expensive for the family, but, because they were not completely destitute, the aid organizations in Chiang Mai did not find them sufficiently in need for such a donation. Finally, they had an idea. Aom claimed it came to her while watching an episode of *Circle of Life*. If people so readily donate to those in need, why not appeal to a rich person to help with their plight? She asked her brother to tell their story to a rich business associate in Bangkok. Within a week, they had their new bed.

In this way, the role of the pitiable is appealing. Even when people understand the limits and unreliability of such a pattern, having some recourse to the patron system provides at least the promise of a safety net.³⁰

As the universal healthcare system, complete with a Patient's Bill of Rights and hospital accreditation procedures that enforce new patterns of patient communication, patients and doctors are theoretically placed on more equal footing. No longer can we liken the patient to a supplicant seeking the aid of a patron. Somkiati's reservations about the new system reveal some of the unintended consequences of rights-based healthcare reform in the Thai setting. And clearly, not everyone is getting behind such changes. Volunteers like Brapin – with an emphasis on pity – seem consciously to choose the patron role; for caregivers and care receivers, roles emerge that “make sense” in religious and social terms. Could it be that some people are reluctant to cast off hierarchical patterns in caregiving – from professional care to home and volunteer based care – because it is so difficult to imagine and/or to develop an alternative?

³⁰ See Bowie 1998 for a discussion of charity appeals as a process of hegemonic resistance. Almost daily, Ying would ask me if I thought she was pitiable (*nā songsān* น่าสงสาร), and I can only see this as an appeal for particular forms of support that I might offer her as a relatively rich foreigner.

Care work without a net

In Chapter 2, I recounted how the Director of the Foundation for the Development of Older Persons (FOPDEV) confirmed that there was indeed a “social norm” among Thais to donate to those who are pitiable (*nā songsān* น่าสงสาร), though it was his intention for the work of his organization to fight against such a norm. He wants volunteers to work *with* older people, rather than work *for* those they find pitiable. In light of the intervening chapters, his task is a difficult one. What motivations will arise? And by what system will they be held in place?

One day the Director explained to me one of the hurdles they faced as a fundamental problem of “networks” in Thailand. He took out a pad and wrote the word *khruākāi* (เครือข่าย), network, in Thai, drawing a line between the two words of this compound: *khruā* and *kāi*. *Khruā*, he explained, literally indicated a structure like a “bunch of bananas,” and he drew four lines fanning out from a central point to represent the term.³¹ *Kāi* means “net,” which he said should mean there are connections between nodes – and he drew connections between the lines just drawn. But, he said, crossing out that diagram, this was not the case. Instead, each “bunch of bananas” led simply to another bunch. “Top-down” arrangements prevailed.

Older Persons’ Clubs were a case in point. The central government proclaimed that clubs were to be arranged in all districts, and district leaders would themselves participate in regional organizations, with regional representatives taking part in national level planning. The problem was that, among the volunteers themselves, say at the district level, there was no communication.

³¹ *Khruā* (เครือข่าย) has a variety of definitions, including a vine or creeping plant, and a bunch of bananas.

There was “no net.” Thus reciprocal ties and grassroots systems were not emerging; programs and relations alike went through central command.

It is certainly *not* that people here are incapable of different forms of interdependence. But the stakes are high, *care* is enacted through these existing social structures, and, from my perspective, people are not yet abandoning old patterns.

So what will the future hold? How will Adele and her fellow interlocutors discuss politics? How will volunteers relate to those they serve? If old people do not put themselves into a pitiable role, what will become of them?

In the next chapter, I claim that, at least for some, changes in care networks seem inevitable and I take some time examining what they are imagining for new nets.

Chapter 6. Families, Futures, and Fantasies: Of a New Imaginary for Long-Term Care

What do people imagine to be ideal circumstances for their later years? Where do they want to live? With whom? And what if they should require assistance in their day-to-day? What fantasies emerge as they think about old age and the conditions of their future lives? And furthermore, what might these imagined futures indicate about the identities, values, and social worlds of the people for whom they arise?

Throughout the course of my research, I heard tell of the “traditional Thai family” and the manner in which children care for their parents, often in a multigenerational home, just as their parents cared for them when they were young. This was an ideal form, described with pride, often in a way to set Thai culture apart from what many perceived as the neglectful norms of “Western” families. Yet when it came to individual expectations, rarely did people predict their children would or should care for them in the future. Instead, I saw the makings of something we might call a “new imaginary” for long-term care. In this chapter, I sketch out such fantasies, as expressed to me by late middle-aged, middle-class people as they contemplated their later years. What emerges is a style of contemplating the future, particular to this cohort, alongside trends in business, government, and international humanitarian aid that collude in pushing us all to conceive of aging and the needs of the elderly in a particular vein. In part then, this chapter is an attempt to help us think outside these trends – and to recognize the care people practice through a focus on the future.

An introduction, by way of a mother's journal

Saree's* mother was 93 when she died. Saree was by her side when she passed away, at home in her bed. They had lived together all of Saree's life. When Saree married and had children, they too resided there in the house in which Saree was born 63 years ago, the house her family had owned for 100 years, the house Saree thought perhaps she too would live out the rest of her days. There they had all watched the city of Chiang Mai grow up around them. And as her mother's health declined in the months prior to her death, Saree had remained close, sleeping next to her mom at night and providing all the care needed to keep her comfortable and well attended until the end.

The old woman had been in the habit of keeping a diary. Not much personal information, Saree reported, just notes about her days, about religious sermons, about visits from her grandchildren. But after her death, Saree read an entry that "broke her heart." It was about a dream the old woman had had, a dream in which she died and went to heaven. It was an important dream for her, one in which someone had told her it was not yet her time, and she awoke convinced she had had an actual vision of the afterlife. Unfortunately, the old woman lamented in her journal, no one listened to her, no one seemed to care about it – or any of her other stories for that matter.

As Saree described it:

"When Mother described it [the dream] the first time, I listened. She was old already though, and so she would often say the same things 5 times, 10 times, 15 times, the same stories. So I was prepared to listen the first couple times, eager in fact to hear. But then the 5th time, the 10th time, the 20th time, I just didn't have the same patience for listening. So while listening, I'd do something else, walk here or there, clean this or that. Oh tears, to know that my mother wanted me to know

these things she felt were true... But she would say a story one day, and then forget she said it, and say it 1, 2, 3, 4, 5, 6, 8, 9, 10 more times! She would tell the story every day! So I would listen a little, do this and that a little..."

Saree went on to say that, if only she had a lot of money, she would have gladly paid someone to come and listen to her mother's stories. (She had in fact fantasized about doing so throughout the old woman's decline.) Like so many of the so-called "oldest old", her mother had loved to tell stories of the old days, stories of her youth, stories of the war years. Saree had heard all her stories so many times. She had thus angered her mother by filling in details, by guessing punch lines, by not sustaining the patience and interest of a good listener. In the realities of cleaning and cooking and other daily care chores, it is completely understandable how even the most loving and devoted daughter could grow inured to this simple demand.

Who will listen to our stories when we grow old? Who will turn our frail bodies? Who will walk us to the toilet if we are unable to do so ourselves, and who will change our bed sheets when even that accompaniment is not enough? What will our friends and neighbors say if and when they visit? And how will our bodies speak to one another, if and when we do not have or no longer need the words?

Scripts, -scapes, and other subplots

The notion of a "new imaginary" for old age and long-term care resonates with current concerns in the anthropology of aging. Any survey of this literature reveals similar preoccupations, as anthropologists grapple with perceived transformations of social norms in regard to growing elderly populations. New "cultural scripts" are said to be arising (Jenike & Traphagan 2009), as people around the world struggle to understand what will happen to them

and to their societies as the percentage of those over the age of 65 steadily increases. In a series of related themes, one hears of “kinscripts” that dictate social norms regarding families’ obligations to their elderly, the increasingly thwarted expectations in East Asia for eldest sons to care for parents, the “decline narrative” in which people are seen to be of decreasing value to society as they age, and emerging “elderscapes,” a term used to describe the services and experiences of older people in a given society (see Sokolovsky 2009).¹

Sarah Lamb, an anthropologist working on issues of aging in India and its Diaspora, delves into the at once positive and negative dimensions of these changing times, summarizing the wide scope of the matter thusly: “Such emerging novel modes of aging and family are taken by Indians, at home and abroad, to represent a profound transformation – a transformation involving not only aging *per se*, but also core cultural and moral visions surrounding family, gender, personhood and the very identity of India as a nation and culture” (Lamb 2009, 419).² As international mandates mount and the research papers pile up, all signs indicate social, cultural, and moral shifts occurring in the wake of demographic transitions. Yet in the end, it remains unclear whether the changes afoot are simply being documented in such studies or if, instead, these “transformations” are in fact themselves a function of all the attention brought to bear on the issue of aging.

¹ Appadurai famously used the suffix “-scape” to describe “five dimensions of global cultural flows,” including ethnoscaples, mediascaples, technoscaples, financescaples, and ideoscaples (see Appadurai 1996, 33). The suffix emphasizes the irregular features of these elements, as well as the multiple perspectives from which they can be viewed. For more on “flows” and global dynamics, see Fischer 1991.

² See also Lamb 2000 for an extended discussion of aging, gender, and the body. For a meditation on the experience of a long life, see Hallisey 2010.

In addition to the external support structures erected by the government and private enterprise, family and familial relations are pivotal in this story – both for the roles they are assumed to play as well as the work they actually perform. A great deal of ambivalence can be unearthed here, as expectations are recalibrated to shifting realities. Here then I take seriously – at both an individual and a collective level – Appadurai’s call for ethnographers to pay attention to “the *work of the imagination* as a constitutive feature of modern subjectivity” (Appadurai 1996, 3), finding utility in this aspect of his work as I try to make sense of this moment in Thai cultural history.

IMAGINED COMMUNITIES

“It should have a temple.”

“It doesn’t need a temple. It could just have a lawn, a place to relax, for exercise and walking and so on. And an exercise room... Suppose it just had a yard or field, monks could come and give sermons, maybe there would be a tour bus for outings. That would make people happy, right?”

Brapin* and her husband sat with me one afternoon, working out the details of an ideal community for senior citizens. As we talked, it was clear they had discussed these possibilities before. Brapin took the lead in the conversation, often steamrolling her husband’s suggestions, like his ideas for a Buddhist temple, though in large part they seemed to be in agreement. “If we were old, 80 years or so, and we lived like this, we’d be ok,” Brapin (68 at the time) declared, and her husband nodded his agreement.

Over time, I came to realize that many people had such idyllic visions for later life. These were by and large personal fantasies, though some of my interlocutors were in the field of elder care and in fact working to make such dreams a reality. The similarities that can be found in their visions speak to larger memes circulating the globe that deserve critical attention; but the divergence of specific details in their stories are also noteworthy, as they highlight personal priorities – the unique ways these larger themes take hold in individuals’ lives and manifest, implicitly and explicitly, in their hopes and dreams – as well as the uncanny quality of all such fantasies, the impossible-to-trace contours of narratives that seek to suture unspeakable wounds.

Shared dreams

Brapin and her husband’s comments about their ideal senior citizen community stuck with me because of all the times I had heard similar dreams from others. These visions came mostly from middle-aged people, coming with increased intensity from those who either had no children or whose children were professional people with little hope of having the time to spend providing care for their parents later in life.

There were, as another example, a variety of retirement communities thought up by senior academic nurses, women who had never married and were daily immersed in the impending demands on society from elder populations. These women recognized that they would face old age with even less a chance for familial support than others, and thus perhaps felt a personal incentive to get systems in place that they themselves could enjoy in the future. These women generally envisioned either condominium type dwellings or small private homes close

together, in the foothills of the North's lush mountains.³ These communities would have state-of-the-art health facilities, as well as home care aids available. There would be community facilities for public gathering and organized activities to keep even the oldest of the old as engaged in their society as they desired. These were quite similar to the ideal senior citizen community “thought up” by Brapin and her husband, places with all the benefits of a village life alongside urban creature comforts and the technological advances of modern biomedicine.

Interestingly, these nurses were in fact in a position to create such places, “pilot projects” of shared dreams made into reality. These were long envisioned plans, sometimes 20 years in the making. One senior nurse had the property for such a demonstration village in mind; another had made great strides in getting such a project off the ground, together with Chinese collaborators. Though early phases of this work were stalled by the 1997 economic crash, many felt the time was again ripe to reignite such visionary initiatives.⁴

These senior citizen communities reflect a shared fantasy that it might be possible to stave off the growing media-fed fears that Thai people are “throwing away” their elders, leaving them abandoned and uncared for by family and without the resources to take care of themselves. For a reasonable fee, people could instead essentially purchase peace of mind via a designated place in a community all their own.

³ The condominium idea is particularly compelling. Disability is therein mapped onto floors, with nursing and hospice facilities on the first floors, with decreasing dependency as you rise through the levels. The most able and independent (and perhaps the richest too) of these seniors would enjoy the views from the penthouse suites.

⁴ In this particular stalled collaboration, the Chinese Medical Board was supporting software (such as training, books, and equipment), but the Thai academic researchers had to rely on the Thai government for the actual building for their senior community vision. In 1997, with the economic crisis, the Thai government was “broke,” and thus the pilot project did not come to fruition.

Others preferred to integrate their visions of idyllic elder care into existing community structures. These people wanted children involved, wanted senior citizens to have access to the delights of younger people, as well as to be able to impart their knowledge to the youth. Their ideals were thus described as demarcated places within existing communities especially for older people. These seniors would have access to care as needed – for another shared element in these stories is always that the highest quality care be available in a moment’s notice, both in home as well as in care facilities. But instead of re-creating the essentials of village or community life, these areas would seamlessly integrate with existing institutions, such as the temple or the community center.

One activist who spoke of such a vision had already identified the plot of land in her urban slum community on which a community house could be built to house elders who could no longer care for themselves; people in the community would then, she said, volunteer to help with these elders’ upkeep as needed. When we last spoke, she had dreams of writing grants to secure funds to move such a project forward – though she had yet to begin.

Modernity markings

What can be said about these shared dreams? Medical care clearly played some role in all these future strategies.⁵ A certain degree of community was also present for everyone.⁶ An acknowledged change in kinship relations, or at least some deviation from the standard story of traditional family care, was implicit in all their dreams. All of these people had, to some extent,

⁵ For more on the medical imaginary and the biotechnical embrace, see MJ Good 1995, 2001, 2010.

⁶ There was also some degree of leisure built into these descriptions. See Blaikie 1999 for a discussion of consumer culture’s effects on “positive ageing” and the demise of old stereotypes of retirement and old age.

experience providing care for elderly people – whether professionally or in their own homes. And they all were, perhaps not surprisingly, to some extent “modern.” Whether by class standing or educational background, they all had at their disposal modern conveniences, had experience with people from other countries, and were cognizant of changes happening around them.

Age also plays a role here. Everyone who shared such a dream with me was of a certain age cohort. Middle-aged or just beyond, these people have in their lifetime seen great changes take place in their communities and in their society at large. Younger people with whom I worked who had also had intimate experience with caregiving did not, in my experience, form these detailed visions for their own future as elderly people. Moreover, these younger people (particularly those in their 20s) were not in a position to recognize personally any change in expectations for family care occurring in the social world around them.⁷

All theories of modernity pivot on the notion of change, some break or rupture in the way things are done. Thus the analysis of aging societies, as introduced above, brings us to issues of modernity and “the problem of enculturation in a period of rapid culture change” (Appadurai 1996, 43).⁸ Arjun Appadurai, in his 1996 monograph *Modernity at Large*, goes as far as to say

⁷ It also seemed to me that older people, particularly those who were poor or otherwise in marginal positions, did not create these visions either. I could certainly go into detail about the 75-year-old woman caring for her dying mother in a small wooden house in the old city and her implicit expectations for her granddaughter to eventually care for her. But her story seems a bit far afield here; it is not as though I have conducted any surveys that allow me to make qualified statements about various age cohorts. I am going on intuition in some ways, thus these assertions must be taken tentatively.

⁸ Michael M. J. Fischer has also written on similar sets of issues: “This is not to say that cultural pasts, cultural differences, and cultural processes in the present do not remain important and critical; it is, however, to always ask the relative degree to which these pasts, differences, and processes are themselves shaped by what the new anthropological journal *Public Culture* calls “transnational” cultural processes, or what in *Anthropology as Cultural Critique* we called the “world historical political economy,” including the intensifying politics of

that certain aspects of culture will (or even have) become less a matter of *habitus* and more a matter of “conscious choice” in the age of electronic media and mass migration. So as people move more freely and information flows with increasing speed and breadth (alongside enormous changes in local work patterns influenced by global economic systems), “new commodity patterns are negotiated, debts and obligations are recalibrated, and rumors and fantasies...are maneuvered into existing repertoires of knowledge and practice” (*ibid.*, 43-44). Which brings us back again to imagined futures and their role in cultural change.

Appadurai suggests then a particular element of modernity is at play as “ordinary people have begun to deploy their imaginations in the practice of their everyday lives” (Appadurai 1996, 5). Although I do not wish to repeat his entire argument concerning the possible end of nation-states, the self-conscious creation of communities, promoted and extended by shared imaginary practices, deserves further unpacking.

Communities in the making

Benedict Anderson defined the “nation” as an “imagined political community” (Anderson 1991, 6). His project was to trace the development of conditions in which people could imagine themselves as part of a group that would never meet face-to-face. Of course, at the level of individual senior citizen communities, as my informants conjured them, people certainly would come to know one another one-on-one. But in order to imagine such villages, condominiums, or group houses, one must imagine oneself (or one’s future self) as part of a group of “senior

diversity, the massive migration of populations, and the global processes of restratification” (Fischer 1991, 526).

citizens.” There is a solidarity that emerges within this group, of which one’s entry is based on age (and possibly level of independence).⁹

As Appadurai (among others) has argued, the notion of an “imagined community” need not only be at the level of the nation-state.¹⁰ In part, what I want to argue is that there is a known “model” for something akin to nationalism applied for other inter- and intra-national groups, like the elderly. With a type of identity politics Appadurai might call “culturalism,” the “Thai elderly” are becoming an imaginable and imagined group, increasingly coming together to rally for benefits and protections in what is perceived as an increasingly hostile world for them.

One can see then something akin to what Appadurai calls a “culturalist movement” afoot in these eldercare initiatives.¹¹ This can be understood both at the international level, with various UN declarations¹² calling for increased attention on elderly populations everywhere in the face of and global population projections, as well as at the national level, with Thai older people rallying behind particular moral values most salient to their local worlds. But again, while thirty years ago projected futures may certainly have rested on family care and various levels of

⁹ Many of commented on the category of “old age,” demanding greater specificity if the term is to have public utility. The main suggestion is to divide people over the age of 65 into three categories: one, those who are completely independent; two, those who need some help in managing their daily affairs; and three, those who are completely dependent on care from others.

¹⁰ See *Modernity at Large* (1996), with explicit mention of Anderson in this regard on page 8. Again, I am eager to take on part of Appadurai’s work, but am not trying to rehash or support his overarching argument regarding the fate of the nation-state in this time of “modernity at large.”

¹¹ As Appadurai defines them, “Culturalist movements (for they are almost always efforts to mobilize) are the most general form of the work of the imagination...Most importantly, they are self-conscious about identity, culture, and heritage, all of which tend to be part of the deliberative vocabulary of culturalist movements as they struggle with states and other culturalist focuses and groups” (Appadurai 1996, 15).

¹² See here <http://www.un.org/esa/population/publications/WPA2009/WPA2009-report.pdf>.

merit accrual, we are beginning to see an alternate set of coordinates emerging in these imagined futures – including an emphasis on good medical care and other modern creature comforts.

Projected populations are key, both in the sense that people project various ideas onto the category of “older persons” as well as in terms of demographers’ predictions about the explosion in numbers of elderly people expected in the near future. The UN World Population Prospects (2004 and 2010) estimates a continued rise in the proportion of older ages in societies worldwide. Centers for aging and population analysis are increasingly prominent internationally, bolstered by the international community’s attention to and funding of such matters.¹³ The Madrid International Plan of Action on Ageing and the Political Declaration was adopted at the Second World Assembly on Ageing in April 2002, underscoring the global trend for governments to take seriously plans for preparation for such “aging populations,” particularly in regards to development, healthcare, and “age-friendly environments”.¹⁴

What must remain an open question here is whether or not this enumerated category of persons represents an actual group or, instead, serves to create one. In “Making Up People,” Ian Hacking suggests the term “dynamic nominalism” to indicate how, in the age of statistics and census taking, categories can serve to create identities. As he explains:

The claim of dynamic nominalism is not that there was a kind of person who came increasingly to be recognized by bureaucrats or by students of human nature but rather that a kind of person came into being at the same time as the kind itself

¹³ UN conferences on population and development in 1994, 1999, and 2007 all had some aspect of aging as a major theme. For a summary, see <http://www.un.org/esa/population/publications/WPA2009/WPA2009-report.pdf>. See also Knodel and Napaporn 2008, Oizumi et al. 2006.

¹⁴ See the WHO age-friendly environments programme, http://www.who.int/ageing/age_friendly_cities/en/index.html.

was being invented. In some cases, that is, our classifications and our classes conspire to emerge hand in hand, each egging the other on. (Hacking 1986, 228)

Could it be that the international community is essentially “making up” older people? Certainly not, if you take literally the statistics based on people’s ages and population distribution. But whether or not these projections come to pass,¹⁵ the *implications* (such as in terms of care needs) of the category of “older people” demarcated by age seem to be solidifying.

In my experience with Thai groups actively working in this culturalist movement to win important recognition of and welfare benefits for older people, the malleability of categories and identities is certainly apparent. The Foundation for the Development of Older People, for example, repeatedly emphasized how they are attempting to counter people’s understanding of older people as dependent.¹⁶ FOPDEV wants to promote “healthy aging,” in ways in which people reevaluate existing “cultural scripts,” if you will, of the role of older people in society as they actively work to engage in a fulfilling life after retirement and into old age. FOPDEV considers this necessary “push-back” on the negative (and perhaps unintended) consequences of increased global attention on aging, which has sought resources for older people and in the process has cast them as in need of help. As discussed in the previous chapter, this “push-back” is also coming up against longstanding Thai norms –particularly in regard to the function of pity in charitable giving. In FOPDEV’s vision, we see a future in which older people self-identify as members of an actively aging community, and society as a whole recognizes their worth and is moved to support them as they support themselves.

¹⁵Were there not projections in the 1970s that the world would be overpopulated by now?

¹⁶ This in addition to countering the notion that older people deserve “pity”.

This type of “empowering” attention also serves to legitimize the imagined community of “older people” and/or the elderly in general as a standing entity. So what are we to make of such a category? Might we see in their promotion an aspect of social control, in a Foucauldian sense? What other aspects of modern subjectivity might be acknowledged therein?

In speaking with people outside of the organization, I heard less of this scenario and more refashioning of particulars. Village dynamics, access to care. The category of “older person” itself was, however, suspect for some. Bert*, for instance. Bert is a *song taew* driver, primarily shuttling Chiang Mai University students on special trips in his pick-up truck specially suited with benches in the back. The term “elder person,” or *phū sūng`āyu* (ผู้สูงอายุกุ) was for him primarily associated with the government initiated “elder persons’ clubs.” Although, already 70, he qualified for membership, Bert was turned off by what he perceived as the political conniving of such groups. Nevertheless, he did have ideal scenarios for the future in mind. A designated area in his urban village for older people to sit and chat, a special clinic for the elderly (*khon kǎ̄ คนแก่*), home help as needed.

Collective dreams, neoliberal strategies

In addition to the overarching international calls for governments to recognize and plan for population aging, there are particular models for doing so emerging from individual countries. As mentioned above and described in the previous chapter, the Thai government has initiated a “network” of elder persons’ clubs, which is a strategy promoted and employed by transnational actors such as HelpAge International. Policy makers and aging specialists in Thailand are looking in particular at the work done in Japan and Sweden as the basis for social

welfare programs for the elderly. In those countries we find something similar to the senior citizen compounds and communities so many people described to me, as governments strive to create livable and self-supporting environments, often with a mixture of government and private services, at a manageable cost.

Although Thai policy makers and health professionals have directly accessed circulating program models for adaptation in Thailand, the roots of the Thai models are rarely known to the lay population. In fact, that Thai policy makers and healthcare professionals are developing any models at all is not common knowledge either. So it is as if, as with the case of Brapin and her husband just “thinking up” an idea for a senior citizen community, the forms seem invented anew in each instance.

This small point may help us get a handle on what Appadurai suggested for the imagination, namely that it functions as a “social fact,” on par with the Durkheimian understanding of collective representations as social facts. Distinguishing his conception of the imagination from fantasy, he explains:

Fantasy can dissipate (because its logic is so often autotelic), but the imagination, especially when collective, can become the fuel for action. It is the imagination, in its collective forms, that creates ideas of neighborhood and nationhood, of moral economies and unjust rule, of higher wages and foreign labor prospects. The imagination is today a staging ground for action, and not only for escape. (Appadurai 1996, 7)

Here I am suggesting that the schemes people imagine, and thus the stories they tell, offer a glimpse into something operating at a collective level. Certain influences on such narratives may

at some level be traced – a media talk show here, a government policy report there – though the specific distribution of ideas quickly becomes too diffuse to fully document with any certainty.

Technology, politics, and values intersect in the realm of collective imagination, wherein the work of realignment and recalibration occurs as people craft narratives about future possibilities. Tellingly, the imagined futures I encountered in Thailand all involved the provision of paid care services. While this often included access to state-of-the-art medical technologies in healthcare facilities, it also often involved home care. Without much stock put in the capacity of family, friends, or volunteers to accomplish all that might be required, there was an implicit acknowledgement of the potential for paid care workers to take on some of the burden.¹⁷

This makes it necessary to turn to the role of paid care as well as the business sector in this emerging Thai “elderscape.” Although there have not yet been major government concessions granted to private businesses for creating systems of elder care, such a route is not inconceivable: privatization is a key element in neoliberal reforms, which continue to be pushed around the world as well as in Thailand (despite the Thai banking crisis in the 1990s that is largely seen as a failure of such reforms).¹⁸ Stephen Collier underscores for us the importance of

¹⁷ It may be important to note that these ideals were often voiced by people who were currently providing (or had recently provided) direct care for elderly people in their own homes. It is as if they somehow could acknowledge both the difficulty and the unsustainability of what they were doing by way of a future scenario in which they would not have to rely on a family member to do the same for them.

¹⁸ Privatization has long been the way the Thai government incentivizes the creation of efficient infrastructure: Thaksin’s rise to glory by way of telecom concessions is a case in point. Although there have been no major concessions in regard to long-term care infrastructure, the National Health Securities Office (*Saw Baw Saw Chaw* สปสช.) offers grants to private organizations and businesses hoping to developing programs for the elderly. The former President of the Thai Nursing Council has said (both privately and publicly) that she worries more about the government sector than the private sector, for at least the government has supervisory systems in place to monitor private industry. There are no such bodies monitoring government work, or if there are, they are internal reviews (and often poorly funded).

getting a handle on these elements through a discussion of neoliberal technologies and biopolitics. Collier draws attention to the defining of populations and their regulation through government practices, coinciding with “neoliberal technologies” – including the rationalizing of problems as well as the privatizing of solutions – as they have “spread to ever more domains of state administration” (Collier 2005, 373). Nevertheless:

... Just as Weber noted that the “formal rationality of money accounting does not reveal anything about the actual distribution of goods,” the formal rationality of neoliberalism tells us nothing about its relationship to the *substantive* form of human communities. Thus...we require a clearer understanding of how the *formal rationality* of neoliberalism transforms the relationship of state administration to the *substantive forms* of human community. (Collier 2005, 375)

Again, I am claiming it is too early to find much substance *per se*, but the emerging imaginary and its practical coordinates, as best as they can be mapped, open up a range of possible trajectories. And perhaps even more so, in this – what we might call an anthropology of the future – we can see how hopes and dreams motivate action and signal actively shifting values in local moral worlds.

PAID HELP: WHAT WILL THE FUTURE HOLD?

A new friend told me a story one day over lunch. The story was about her dearest friends, the family with whom she lived and on whose land she had helped to form an activist women’s collective. Although I would never meet them myself, the family’s situation speaks to a range of issues regarding both the assumptions about and realities of the growing industry of home health aids for the elderly.¹⁹

¹⁹ This “new friend” was American. The speed with which we developed rapport and the details she shared about the personal situation of this family I credit to our shared American sensibilities.

The daughters in this family – my new friend’s close companions, the Bintaraks* – are middle class Thais of a certain cosmopolitan sort, involved in the international NGO world of human rights and women’s empowerment. Despite these global connections, their family structure is quite typically Northern Thai: a nuclear family with many children and an extended network of relatives living in their own home compound and throughout their village. They live about thirty minutes drive from Chiang Mai City – not a far distance from a major urban hub, but certainly in the countryside nevertheless.

The mother of the Bintarak family is 90 and she lives, in a typical fashion, with her unwed daughters in the house where they all grew up. When, several years ago, the mother’s health started failing, they had taken steps to provide her the care she needed while maintaining the sources of income that kept the household afloat. Then the matriarch had a terrible fall. She was taken to the hospital and remained there for many days in and out of consciousness. The family resigned themselves to her dying. Relatives and friends gathered by her bedside in the hospital and the children even began to make some preliminary funeral arrangements.

The doctors eventually allowed the family to take the old woman home to live out her days, a typical wish of dying patients and their families here.²⁰ And that’s when the “miracle” happened. Surrounded by all that was familiar and enjoying a steady current of neighborhood visitors, the old woman began to recover. In astonishment, her daughters watched as she built up her physical strength and, amazing everyone, was able to walk on her own in one month’s time.

²⁰ See Stonington (2009) for issues related to the spirit world and Thai cosmology pertaining to the wish to return home to die.

Although walking and thus able to take care of herself to some extent, the old woman was clearly not as strong as she once was and the daughters realized that she would need constant watch. They decided they needed a home health caregiver.

Perspective

In Thailand, many people I spoke with assumed that in the United States families send their elders off to institutions to be cared for by strangers. Gai*, her older sister, and their bedridden mother were a prime example. Sitting beside the old woman's bed one day, her grandson playing with tissue boxes arranged in a row along her immobile legs, Gai went into great detail at the horror they witnessed at their last hospital visit. There were several elderly people alone on the wards, left there for days on end without so much as a visit from a family member. It was reprehensible, though she thought it increasingly common in the city. "It's like in your country," she said. "People just drop their elderly parents at a care facility and forget all about them."

I spent countless hours feeling defensive and talking about the ubiquity of home caregiving in the States, the sacrifices families struggled to make, the anguish that many face alongside the decision to send someone to a care facility, and the independent desires of older people to live on their own for as long as possible. The ideas I encountered about the heartless institutionalization of older people in the U.S. brought out the demons my friends and associates faced as they struggled to conceive of new social norms for elder care. But taking a closer look at the changing situation of care in the United States adds caveats to my defenses and highlights a similarity of challenges regarding paid help in the presence of global economic forces and the

repeatedly emphasized demographic trends, on one hand, and class and individual family dynamics on the other.²¹

U.S. government sources still can claim that “family and friends are the sole caregivers for 70 percent of the elderly” in this country.²² However, occupational projections for direct-care workers for 2006-2016 indicate that many more will seek paid help in the years to come, and in fact a portion of that 70% cited above may already have aides in their employ.²³ As the Paraprofessional Healthcare Institute reports:

The latest 2006 employment estimate for the direct-care workforce surpasses the 3 million mark and projected demand calls for an *additional 1 million new positions* by 2016. At 4 million, the size of this workforce will exceed: registered nurses (3.1 million), teachers from kindergarten through high school (3.8 million), cooks and food prep workers (3.3 million), fast food & counter workers (3.5 million), waiters and waitresses (2.6 million), and cashiers (3.4 million). (PHI 2008, emphasis in original)²⁴

²¹ For an economic perspective on government spending for the elderly, see Papadimitriou 2007. Cantor and Brennan (2000) provide a nuanced and detailed study of social care for the elderly in the United States, including a history of the 1965 Older Americans Act and the establishment community-based formal services, the roots of current debates regarding elderly services in the US, and highlighting of long-term care as the most glaring deficiency in social services. The parallels to the possibilities of privatization versus government sponsored community-based services is quite telling; future research might probe the similarities and the differences in the “imaginaries” emergent in these settings to delineate further the cultural components of notions of care.

²² See <http://www.medicare.gov/longtermcare/static/home.asp>

²³ See projections from the Bureau of Labor Statistics, U.S. Department of Labor, 2007, summarized by the Paraprofessional Healthcare Institute Fact Sheet, April 2008. Although here I do not differentiate between care for the elderly and those with disabilities in general, the projections remain important for overall trending.

²⁴ Personal and home care aides and home health aides represent at least half of this direct-care workforce (along with psychiatric aides, nursing aides, orderlies and attendants). PHI offers the following definition: “Direct-care workers – including home health aides, personal care aides and certified nurse aides, among others – are our nation’s ‘frontline’ paid caregivers, most of whom serve the elderly and people with disabilities within our country’s long-term care system. The majority of these staff work in the consumer’s own home, or in residential settings such as nursing homes and assisted living facilities. A smaller portion of these staff work in acute care settings, such as hospitals and clinics.” (PHI 2008)

With projected growth rates of 50.6% and 48.7% respectively, personal and home care aides and home health aides are the second and third fastest-growing occupations in the United States at this time (*ibid.*).²⁵ Already by 2006, nearly a quarter of personal and home care aides were directly employed by private households or working via a personal contract with clients. With an increased proportion expected for this type of work in home and community settings, the numbers all indicate that more homes will seek to employ home health aides in the near future – with demand seen currently to surpass supply.²⁶

In Thailand, the numbers are not as clear, for a variety of reasons. Home aides are still a largely unregulated industry – and though training schools are popping up at an incredibly fast pace, they fall under the jurisdiction of the Ministry of Education, and data specific to their ranks is not yet available.²⁷ What is clear from my work, however, are micro-level factors that affect the integration of such care workers into a homecare situation. How will class dynamics surface, with these paid workers by and large entering homes of those who are of a higher status than themselves? What role will pity play, and in what direction? What will be the relationships between paid care work and the accrual of merit – both in terms of the merit made by the paid care provider, as well as that accrued by the person who hires and pays for the care?

²⁵ These professional designations are also ranked 6th and 7th in terms of the number of positions to be added in the 2006-2016 time frame. For a perspective on the lived experience of these occupations, see Gass 2004.

²⁶ These workers are projected to be increasingly working in home and community settings (as opposed to facility settings): a ten percent rise, for a total of 64%, of direct-care workers will work in home and community settings by the year 2016. See also PHI 2008.

²⁷ Not officially providing *healthcare* training, these training programs are under the official jurisdiction of the Ministry of Education rather than the Ministry of Health; furthermore, their curricula are not under the jurisdiction of the Thai Nursing Council. There is no exact designation for the business, and they are thus far not counted; but by all accounts, their numbers are rapidly increasing. Academic nurses at Chiang Mai University estimate there are more than 100 such schools operating in the country today (personal communication).

The Bintarak family introduced above made a decision to bring in extra help. Such a decision is, perhaps first and foremost, indicative of their class standing. Hiring such an aide means an extra mouth to feed and a monthly salary of 6,000 Baht (approximately \$200 USD per month for six full days of work per week).²⁸ Many people I spoke with said they would welcome that type of support, if only they could afford it: recall Saree, at the chapter's opening, wishing she might pay someone, if only to come and listen to her mother's stories. And indeed, while social pressures exist extolling the virtues of caring for one's own, it seems that people increasingly accept the fulfillment of such obligation (and the accrual of merit) through the arrangement of paid help, particularly when work demands one's own time.

Monetary concerns are of course not the only factor. In the case of the Bintaraks, there was a history of abuse and some mental illness that came into play.²⁹ As mentioned, the daughters were feminist activists with careers in community organizing and group facilitation. They led workshops on empowerment and self-awareness, and apparently used these skills to determine that care from an outsider would be more suitable (and in their minds, more loving) to all involved. Will ideals of family-based care shift as increasing numbers of families make similar choices?

²⁸ This is the standard rate for this growing industry; there are, however, certainly instances where people – particularly immigrants from Burma or Laos – are brought in for a lower salary. Illegal work status makes such people particularly vulnerable to abuse. See Parrenas (2001) for a discussion of care work globally in this regard. As a caveat to such vulnerability (though not mentioned to diminish at all the seriousness of abuse), Barrett (2008) offers a view into spiritual and social uses of the stigmatized work of care through an Indian sect's dealing with the dying as a practice of nondiscrimination.

²⁹ This being a second hand story, I was in some ways privy to details immediately that I certainly could not have garnered in such a short time; nevertheless, I cannot speak directly to the family dynamics involved here.

Consumer protection

The Bintaraks had several options to choose from in obtaining home health care. Their choices included a number of agencies that have sprung up in the Chiang Mai area – and around the country – providing trained home health aides to care for young children, the elderly, and bedridden individuals. The business model is simple. These agencies provide a three-month training course for 30,000 Baht (a little less than \$1,000 USD) to those looking for employment in this realm. The training is a substantial investment, especially for the students they generally attract: poor, minimally educated women who are looking for a secure form of income. The agency then hires them out to families, acting as a middleman for the “protection” of the consumer. That is, the family pays the caregiver through the agency and reports all complaints to them as well.

The program is quite attractive to many would-be care workers, especially as giant billboards line the highways in Chiang Mai extolling their virtues to interested students and potential clients alike. The training course itself is short – 3 months to “qualify” to care for children and elderly – so the educational investment begins to pay off quickly. And with a guarantee for work through the agency and the potential to work in an ever-increasing market of homecare, many are eager to jump on board.³⁰

But others worry. This new industry is unregulated. There are no health standards to which they have to conform. There are no mandated background checks or the like. Consumers

³⁰ These are enormous training programs, with very large class sizes. Some sources indicated that in fact not everyone is placed, but that perspective is unconfirmed. Nevertheless, the size of the classes worries some, who fear that the trainees do not get proper attention and do not receive adequate training.

are put at risk. But, despite the largely one-sided arguments professional nurses often make against these home aids, it is not just the consumers who have to worry. Lack of regulation combined with a new set of “consumer protection” laws leave low-skilled care workers extremely vulnerable, as they become essentially indentured servants indebted to unregulated businesses and relatively no recourse to the law.

The Bintarak story again provides a case in point. The daughters were quite pleased with the agency-provided aide who came to work with them. She was young – 19 years old – but she had all the patience and affability needed to spend the long days with their mother, listening to her stories and attending to her basic needs. They all grew quite close and the family liked her so much that they hoped she would stay on for the remainder of the old woman’s days. But a few months into her stay, she suddenly announced she would be leaving. The family was devastated. When they pressed, they discovered that it was becoming financially unfeasible for her. Why? Although the daughters had been making payments on time each month to the agency, the agency had withheld most of the young woman’s pay. She allegedly had received a mere 3,000 Baht compensation for the entire time she had been there – only half of one month’s promised salary.

The daughters were outraged and immediately approached the agency. The agency, however, completely denied the claims – cautioning the sisters that these caregivers really cannot be trusted and going so far as to warn them about their personal possessions around the girl.

In the end, a direct confrontation ensued – involving the Bintaraks, the girl and her father (who had sacrificed a great deal to pay for his daughter’s training), and the agency’s director. What followed was a public humiliation that, according to my friend, the young woman could hardly bear. The agency accused the young girl, attacked her character, claimed deception, and then, in perhaps the most telling move of all, opened a drawer, pulled out the wages she was owed, and threw them across the table at her, along with a dismissal from her contract.

Protection from whom?

The fear of strangers is a trope used both by home health aide agencies themselves in maintaining their power over workers, as well as the organizations that seek to limit the work of such businesses. For example, the notion that a stranger might offer better or more trustworthy care for an elderly person than his or her own family (or a community volunteer for that matter) – the exact rationale of the Bintarak daughters – is antithetical to the work of the Thai Nursing Council (TNC), a group that has been very active in pushing for regulation of the growing home health aide industry. Primarily a “consumer protection group,” the TNC is the official nursing regulatory authority in Thailand, an extremely influential organization of professional nurses responsible, among other things, for all nursing curricula and licensing in the country. In the TNC’s official estimations, paid non-nurse home aides are unqualified to perform skilled tasks and represent a significant risk to vulnerable people and their families, and the laws they support thus seek to limit the scope of their activities and, in turn, the growth of this rival trade.

In 1997, the TNC backed a bill (included in the Thai Nursing Council Act, Sections 8 and 27) that made it illegal for paid home care workers to perform a variety of tasks, including the

provision of medicines, anything involving medical equipment (including feeding tubes), and all wound care (including common bed sores).³¹ Such restrictions, however, seem unrealistic in the face of typical care routines. Tending bedsores, for instance, occurs naturally when changing diapers. Daily care involves feeding, even if that feeding is through a tube. Thus the practices on this restricted list are often embedded in daily care routines, and in most cases would certainly be part and parcel of what a family would hire an outsider to do. In this way, a home health aide has limited protection under the law, as they are essentially performing illegal acts.³²

Of course, the stated rationale of the TNC is simply “consumer protection.” The then President of the TNC, in an interview in 2009, explicitly linked the need for such restrictions on the risks that outsiders pose to a family unit. The risks were two-fold. One, those persons who have no *existing relation* to a person or family are necessarily presumed more dangerous. (Vague reference to stories of abuse and neglect are powerful rhetorical devices for the President, and sensationalist media reports³³ were cited as evidence of increasing instances of wrongdoing.) Two, without training, such people could inadvertently injure a client, such as by introducing infection or some other accidental harm.

³¹ This information comes from a personal interview in 2009 with the then President of the Thai Nursing Council.

³² The TNC, at least unofficially, supports the training of family and volunteer health care workers to perform nursing-type tasks. Lay care providers are often instructed on, for instance, how to dress wounds, how to exercise bedridden patients, and so forth. In rural areas, where access to professional nurses is more restricted, family members are even taught how to change feeding tubes – though this is less frequent in urban areas, as examined in the first chapter.

³³ Media reports here include the television expose show “Circle of Life.”

Of course, the TNC is certainly aware that most of these restricted/dangerous activities are already taking place in homes across the country. They acknowledge this reality and readily support family caregivers and even community volunteers to take on such tasks. The assumption here is that abuse is nearly inconceivable within established relationships, and that paid workers (implicitly read poor, uneducated people) will often have ulterior and nefarious motivations for entering someone's home. This becomes the trump issue, an insurmountable obstacle, particularly in light of the TNC's refusal to support increased training for these home health aides – a step that incidentally would put these “low-skilled” workers in a position to rival the work of professional nurses.³⁴ Thus these would-be regulators it seems seek to protect the consumer, as well as the nursing profession at large. And in so doing, they re-inscribe the instability and vulnerability of the growing number of home aides. They also lay bare certain professional nursing fantasies – a future in which an increasing number of professional nurses are trained and work as the expert to support flocks of family and community lay health providers care for their own.

Training and trade

Profit seeking mixes with the desire to fill a perceived growing need in these home health care outfits. Professional nurses are often the directors and teachers in these organizations.³⁵ Work in this business realm offers a much more lucrative form of employment than is typical for nurses in Thailand, particularly those working in the public system. Their training in turn lends

³⁴ At the time of this research, the TNC had a proposal to increase the number of nurses trained each year for a period of 4 years in order to increase the supply of professional nurses.

³⁵ According to the director of one such establishment in Phuket, business is booming and she – with advanced training as a nurse as well as an MBA – has recently doubled the size of the classes she runs.

credibility to the home care agencies, and often allows them to include nursing type care in their curricula. Again, this is technically illegal, but certainly is a practical aspect in such trainings.

Thailand is but one possible frontier for this business model. As countries around the world confront long-term care needs, sources of inexpensive labor are increasingly sought. Currently, international trade agreements covering the licit movement of care providers across borders affects only nurses and doctors, given the training standards they require – again under the auspices of consumer protection. Will home health aides be able to break into these emerging markets?

Thailand is more likely the site of immigration for healthcare workers from poorer neighboring countries rather than a point of emigration for Thais hoping to make lucrative careers elsewhere. For example, as a result of the ASEAN Mutual Recognition Arrangement on Nursing Services, Laos has increased its training standards for nurses in order for Laotian nurses to qualify for positions in Thailand.³⁶ There are few places in Southeast Asia, however, with more developed healthcare systems and higher pay standards than are available in Thailand. And those countries that are keen on having Thais participate in their long-term care needs present other problems. Japan, for example, has very high education and language requirements that present a barrier for Thais. At the time of this research, Japan and Thailand were working out a Free Trade Agreement that would include a provision for home care workers. It requires two

³⁶ Under this mutual arrangement, qualifications for foreign nurses are dependent on the host country. Thailand requires 3 years of education for nurses; since the implementation of this arrangement, Vietnam has increased their training programs from 2 ½ years to 3, and Myanmar now requires 4 years. This is seen as a benefit of the policy: a general rising of standards across the region. See ASEAN 2009 for general terms of the agreement; information mentioned in this footnote from personal correspondence with the President of the TNC.

years of training for care providers for the elderly, which the Thai Nursing Council finds inappropriate for non-nurses (recall professional protection issues raised above). Qualified persons are given two years in Japan to prove their language fluency and pass tests to work in country – due to Japan’s strict immigration policies.³⁷ Few Thais have been successful in this regard to date.³⁸

The structure of government ministries and the informal functioning of bureaucratic mechanisms in Thailand make it difficult to trace with any precision the way decisions are made in relation to care for the elderly. The TNC, for example, may not be on the committee to decide the regulations for home health aides or the stipulations of foreign trade agreements, but ministry officials who are in such roles often consult them. A similar consultation pattern may be true for elected officials. At this level, personal influence comes into play, combined with strategic thinking about electability and even profitability.

What is clear is the growing realm of possibilities for people interested in accessing care as well as those interested in profiting from providing it. The scope of the possibilities is national

³⁷ Apparently, several pilot projects have arisen between Thai and Japanese universities, through which Thai students are trained and intern in Japan – but if at the end of their term, they fail the language requirements, they are sent home without compensation or the promise/goal/something of well paid work abroad, with training that does not qualify them to practice nursing in Thailand yet completely over-trains them for low-paying home care work.

³⁸ Again, language is often cited as the main barrier for Thai emigration – including to the United States. Nurses must pass a language test as well as a professional examination in the host country’s language. The President of the TNC also suggested that several countries in the Middle East actively recruit Thai care providers, and I have anecdotal evidence to suggest many Thais are working in the region in this capacity, though future research will be necessary to understand the laws and practices governing this work. However, it is not just to foreign countries that the Thai public health system loses workers; the private sector can offer them two or three times more pay, often in better working environments (air conditioning and so forth).

and international, a dynamic field consciously manipulated by some and seemingly influential for everyone.

Relative terms

As mentioned throughout, familial relations are often considered a safeguard against the imagined dangers of care provided by strangers. Somehow these issues need to be reconciled with the collective imagination as I painted it in earlier sections of this chapter. If family care is ideal, why do so many people envision an ideal future without reliance on family assistance?³⁹ Indeed, when pressed on such issues, individuals equivocated, with vague twists and turns in their idyllic scenarios made to include family in various ways. “Do you want your sons to take care of you?” I asked Brapin and her husband. Brapin was fast to reply, “Oh, they are so busy. Of course they would visit. There could even be special houses somewhere. But they have their own lives.” Might the tragic loss of her third son in an automobile accident limit her expectations in this regard? Were relations with her living sons strained, as they had indeed developed their own lives thousands of kilometers away in Bangkok? How to make heads or tails?

Michael Peletz begins his 2001 article on ambivalence in kinship with two quotes. The first, from Samuel Butler, decries the unhappiness of making people “hang together artificially” under the norms of family (Peletz 2001, 413). The second, from Donna Haraway, echoes the sentiment, ending with her ominous prediction that “there will be no racial or sexual peace, no livable nature, until we learn to produce humanity through something more and less than kinship” (*ibid*). Encompassing both a “forced amity” as well as deep bonds developed over

³⁹ For a discussion of “new kinship imaginaries,” see Rapp and Ginsburg 2011.

lifetimes, family relationships are fraught with hidden dynamics that can lead to statements such as those with which he begins his article calling for the dissolution of the family altogether, but that also lead to mutual support unmatched in other relationships. Thus for Peletz, a recognition of the strong, contradictory emotions present in family relations is key for a proper analysis of kinship. Evident in the tensions between official party line and individual action, buried in the words and actions of my informants and implied in their imaginations – both individual and collective – are the traces of such ambivalence.

In the words of Meyer Fortes, “no society... expects the general and diffuse moral prescriptions to be invariably adhered to” (as quoted in Peletz 2001, 419). Yet the moral imperatives supplied by a society’s promoted ideals and norms remain a powerful factor in people’s actions and presumably in their emotional lives as well. These are “irresistible moral claims on one’s autonomy and resources that are lodged in the name of kinship” (*ibid.*, 419). Thai families care for one another. It is great merit to care for your parents in old age, as they cared for you in your youth. Of course, the moral imperatives that drive the demands of familial duty cannot *promise* the same will come to you in return. In relation to the performance of the backbreaking, exhausting even if rewarding, work of caregiving, it is difficult not to imagine ambivalence, even amidst a belief system that continually endorses such practice. For indeed, in the end, one’s fate may be to suffer without reward – but can any human put all their stock in merit accrued for another life?

In the Thai setting, it is admittedly quite difficult to discern between ambiguity and ambivalence, particularly given the logic of psychosocial support argued for in Chapter 3. So my

informants may have only been vague in their descriptions of the role of family in imagined senior citizen centers, but the changing norms implicated here may very well involve difficult to manage emotional undercurrents. Be that as it may, it seems safe to assume that capitalism as well as other trappings of modernity “inflames or drives a wedge in most if not all types of kinship” (Peletz 2001, 428). As I have outlined here, even those who want to provide family care may not be able to in their current situation; similarly, those who might conceivably draw on family obligation are increasingly imagining alternative choices, regardless of the expectations or desires of others involved.

An official Thai standpoint seems to be emerging, one that places the traditional / cultural Thai stamp of approval on family and community volunteer care, even as other forms of care are simultaneously deemed necessary by the very family members who would be in the position to either provide or benefit from the relational bonds officially promoted.⁴⁰ This seems to prove Peletz’s point that “even when projects of modernity and/or civil society do not involve ethnic cleansing or racial purification, their achievement usually engenders profound ambivalence since they typically presuppose foregrounding or appropriating certain sentiments and discourses of kinship while simultaneously delegitimizing or deforming other modalities of relatedness...in which people still feel morally or materially invested” (Peletz 2001, 434).

I suggest here that people’s long-term care fantasies (or the work of the imagination, in Appadurai’s terms) are one way to access the “seamier side” of family relations in the context of

⁴⁰ Classist elements are evident here as well. As described in Chapter 2, government plans to increase volunteerism fall short of including middle and upper class people, who are presumed to be able to afford paid help. There is a bifurcation of expectations at the national level, though increasingly, even poorer people are buying into the higher-class dreams of accessing state-of-the art care and professional home services.

care. Though in the end, I am not suggesting the ambivalence present here is indicative of some moral failing or some attempting manipulation of social beings. Instead, ambivalence seems completely appropriate, necessary even, for harnessing the energy to perform the work of care in a world of competing interests and enormous paradox. Again I am led to suggest, as I did in chapter 1, that the rituals of care, regardless of who performs them, continue to do the work of suturing the ambivalence inherent in social life.

DRAWING CONCLUSIONS: TOWARDS AN ANTHROPOLOGY OF THE FUTURE

Saree told me that she never cried before her mother died: she was too busy providing care to have the time or space to cry. What's more, as so many people voiced throughout my research, encouragement (*kamlang chai* กำลั้งใจ) was key to her experience. For Saree, the crux of the caregiving role was to keep playing as if all was well – even if and when the sick person knew otherwise. In fact, she admitted everyone secretly knows. Certain futures are there, but too dangerous or somehow unproductive to admit. Harmony, internal and external, is ideally achieved through appearances, which require certain disavowals.

As documented in this chapter, however, the future is often the direct object of contemplation. In fact, imagining the future emerges as a form of care in the present – a way of securing one's future, of providing for one's future self and one's future society. Again, care emerges “in the subjunctive mode” (Good and Good 1994), as people act “as if” the world were a certain way in order to navigate the ambiguities of life (Seligman et al. 2008).

Whether in patterns of bathing and washing, or bowing and wai-ing, or plotting and dreaming, rituals of care are ubiquitous in Thai society. So whether the “aging” of Thailand’s population would, without preparation, cause a crisis of care or not, the presence (and promotion) of a new possible future affects the present. As anthropologists, we have to pay attention to how people contemplate the future, for it speaks directly to what matters most to people today.⁴¹

The “new imaginary” for long-term care encompasses physical, financial, and communal components of care in old age. Global flows of information and technology are evident; but they are contingent, calibrated to existing forms and levels of care. Some, like the nurses of the TNC, promote the maintenance of particular caregiver roles and standards, arguably in part as a manipulation of old forms for professional dominance and financial gain. Others, like those who promote volunteerism as the key to a healthy aged society, find a model of sustainable interdependence in a utopian future that draws on village lifestyles of the imagined past and the political ideology of harmony. Still, nearly everyone is, from multiple angles, increasingly pushed to question the care of certain strangers (read, poor low-skill wage earners), to conceive of care in terms of the capitalist system, to demand technologically advanced medical care, and to consider strength – rather than pity – the key to securing care. But the results of such pressures are always a negotiation. Particular pasts and the values nurtured there come to influence what becomes imaginable for the future and how.

⁴¹ Here we might recall Veena Das’ work on post-partition communities, in which people say they must forget the past in order to ensure a peaceful future for their children. Much contemporary work seems on the brink of a direct engagement with people’s contemplations of the future, and I thank Charles Hallisey for the notion of an “anthropology of the future.”

Conclusion. The Practice of Care in Everyday Life

This dissertation has taken up caregiving – the providing for others – as it is practiced in homes and in hospitals, in volunteer programs and in conference halls, in coffee shops, in board meetings, and in the ins and outs of daily affairs in Thai cities. What started by the side of a bedridden mother slowly made its way outward, to broader habits of being and engagement, all the way to dreams of a future not yet quite in sight.

Caregiving in the first three chapters was centered in dyadic relationships. I sought to understand what “providing for others” entails, what counts, who is doing what, and the social and historical precedents that account for certain systems and categorizations of care. Ritualized aspects of care were highlighted, merit and karma emerged as guiding moral principles, and the preservation of external placidity was shown to be linked – religiously, philosophically, socially – to the possibility of internal serenity and thus distraction or otherwise buoying interaction a standard means of psychosocial support. However, in Chapter 3, efforts to change norms of emotional sharing, combined with efforts of changing volunteer orientations discussed in Chapter 2, raised a series of questions regarding the relationship between care, culture, and subjectivity, which opened on to an expanded understanding of the object of care. Using the concept of the “social body,” not only as a metaphor for the Thai collective but as the embodiment of social and political structures, I argued that more general social relations are another form of active caregiving, a “providing for” the group of which one is a part. However, “caring” for one’s community and/or one’s nation in the Thai context is laced with ideological undertones, thus forcing a discussion of structural violence and the political uses of theodicy. I

argued that although “caring” for the group can and often does essentially “harm” the caregiver, in the sense of diminished social capital or restricted access to resources, people nevertheless remain complicit in the structures that bind. As they look to the future, they may imagine a world in which those negotiations and compromises are unnecessary, though this often occurs alongside willful distortion of possibilities and/or encounters with disappointment or other contradictions.

The universal and the particular

I have come to find caregiving is a key to unlock both universals of human experience as well as that which is very particular indeed. No matter the register – whether one-on-one or as part of a collective – caregiving is always a trained, habituated activity. Aom and Ying have their tasks mastered: the set of exercises and cleanings that took hours upon hours to complete when they first became caregivers are now accomplished in a fraction of the time. They learned by doing, their bodies becoming attuned to what was most important based on experience, based on feedback from the environment. Their awareness is automated, and that is why their care is expert.

The same habituation is true for caring on other levels. My review of Thai *habitus* shows that the *practice* of care is a trained set of engagements. At increasingly social levels, it comprises perceptual and physical conditioning that is predicated on particular historical, religious, social, and political parameters, including the hierarchical patterning of Thai society, the influence of Buddhist ontology in the political realm, and merit-based theodicy. People

literally talk about caring for their society (*kāndūlā sangkhom* การดูแลสังคม); *how* they do this is based on the lineage of care I have traced in this dissertation.

The practice of care in Thailand highlights internal debates about the role of pity in service to others, whether karma plays out over moments or across lifetimes, and even whether harmony is a positive social value or an imposed form of rule. These debates “make sense” in context and reflect what matters most to people in how and why to provide for others. But that these debates are not the same the world over emphasizes again that there are particular coordinates to care that scholarship can and must unearth.

No way out

It is tempting to push my argument to its natural extremes: that is, that care for the collective is activated in dyads, or that care for individuals is precisely the care shown to the collective. The results of either extreme, however, are deeply problematic.

There is a structural violence inherent in the social system that elicits “care” in the form of harmonious social relationships predicated on unequal social roles. Reliance on eventual transformations of merit and karma, rather than equal resource distribution, reinforces hierarchy and its negative repercussions. However, to argue that caregiving relationships are thus inherently oppressive is unsatisfactory. To do so would require a radical individualism that ignores the moral, spiritual, and deeply human connections embodied in even the most arduous caregiving relationships. What’s more, such a blunt depiction ignores the possibility for value in hierarchy as well as the compromises individuals make within any social system.

Similarly, it is not appropriate to claim that the intimate tasks of bedside caregiving are of the exact same sort as the acts of care shown to society as a whole. This would require either a radical conservatism or a functionalist argument that simply does not bear out in ethnographic detail. So while I argue that even the most spontaneous tending of bodies is imbued with a type of training, an awareness influenced by a social world that conditions even perceptual patterns, that which matters most is nevertheless continually negotiated.

Essentially, there is no way out – for my argument, or from the work of care itself. Even when people’s imaginations try to get them out of the caregiving bind, inevitably the complexities of the lived social world throw up barriers and death itself remains the harsh eventuality of even the best care. Caregiving remains a practice that demands compromise, that binds people even as it sets them free.

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[Note: following convention, Thai authors are listed by given name followed by surname; for all others, authors are listed by their surnames.]

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